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THE HUNDRED AND FOURTH
ANNUAL REPORT UPON

THE HEALTH OF LEICESTER DURING 1952

E. K. MACDONALD
O.B.E., M.D., D.P.H., Q.H.P.

CITY OF LEICESTER

HEALTH COMMITTEE

(As constituted 31st December, 1952)

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Vice-Chairman

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Co-opted Members

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Mr. H. N. T. STAUNTON

The Committee meet on the 3rd Friday in each month in the Committee Room, Town Hall, at 3.15 p.m.

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Dr. E. W. GOODWIN
Mr. H. N. T. STAUNTON

Medical Officer of Health

E. K. MACDONALD, O.B.E., M.D., M.R.C.S., L.R.C.P., D.P.H., Q.H.P.

Deputy Medical Officer of Health

A. I. ROSS, M.D., D.P.H.

Officers in Charge of Departments

Medical Officer for Maternity and Child Welfare ..	(Miss) E. B. B. HUMPHREYS, M.B., Ch.B.
Tuberculosis Officer	J. CUTHBERT, M.D., Ch.M., D.P.H., F.R.F.P.S.
Public Analyst	F. C. BULLOCK, B.Sc., P.A.Inst.W.E., F.R.I.C.
Chief Sanitary Inspector	F. G. McHUGH, F.R.San.I.
Chief Clerk	F. KELLETT, F.C.C.S.

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SUMMARY OF STATISTICS

FOR THE YEAR 1952

Population (estimated), mid-1952	285,900
Population at Census, 8th April, 1951	285,061
Marriages	2,557
Births (corrected)	4,554
Birth-rate (standardised birth-rate = 15.6)	15.9
Deaths (corrected for transferable deaths)	3,254
Death-rate (standardised death-rate = 11.5)	11.4
Deaths under One Year	110
Infant Mortality (per 1,000 Births)	24.2
Maternal Mortality (per 1,000 total births)	0.86
Zymotic death-rate (per 1,000 population)	0.09
Respiratory Disease death-rate (per 1,000 population)	1.11
Cancer death-rate (per 1,000 population)	2.08
Tuberculosis death-rate (per 1,000 population)	0.35
Phthisis death-rate (per 1,000 population)	0.32

Area of City (in acres)	16,990
Number of Inhabited Tenements, January, 1953	85,533
Number of Empty Houses, January, 1953	358
Rateable Value at 1st April, 1952	£2,185,458
General Rate for the year, 1952-53	21/10 in £

	England and Wales	County Boroughs	London Administrative County
Birth-rate	15.3	16.9	17.6
Death-rate	11.3	12.1	12.6
Infant Mortality (per 1,000 Births)	27.6	31.2	23.8

(Registrar-General's Figures)

To the Chairman, Lord Mayor, and Members of the Health Committee

Mr. Chairman, My Lord Mayor, Ladies and Gentlemen,

I have the honour to submit herewith the Annual Report on the Health of Leicester for the year 1952.

STATISTICS

POPULATION. The population of the City of Leicester is now estimated at 285,900, an increase of 1,200 on the figure for 1951.

BIRTH-RATE. Once again there is a smaller birth-rate than in the previous year—15.9 as compared with 16.2 for 1951.

INFANTILE MORTALITY. It is again very satisfactory to record a sustained low infant death-rate. In 1952, the Infant Mortality Rate was 24.2 infant deaths per 1,000 live births—a figure only improved in 1949, when the rate was 23.8. In 1951, it was 25.2

DEATH-RATE. The corrected death-rate for 1952 was 11.4, nearly the best we have ever had. Once again we achieved a low record rate for tuberculosis, but this disease is still the chief cause of death at the prime of physical life, *i.e.* in the 25-45 years age group. There is thus still much to be done.

OTHER MATTERS

Little of exceptional interest took place during the year—it was a year of steady consolidation and progress. In October, the new City Ambulance Station was opened by the Minister of Health, and a full account will be found in the body of the Report.

STAFF

There has been a number of changes in the Senior Staff of the Department, and I would especially mention Mr. F. G. McHugh, Chief Sanitary Inspector since 1922, who retired on the 31st December, 1952, after 30 years of devoted service ; also Mr. C. R. Walker, Health

Education Officer, and Miss D. O. Jones, Food Hygiene Inspector, who left us towards the end of the year for service elsewhere. My thanks and best wishes go out to them.

I would also like to thank the two Chairmen of the Health Committee who held this appointment during the year under review—Councillor Gallimore in the early part of the year and Alderman Jackson from May, 1952, onwards. To them and to the other members of the Health Committee my very grateful thanks are due for their sustained interest and many kindnesses.

Finally, I want to express to all the Staff of the Department my gratitude for their loyal and excellent service.

I am,

Mr. Chairman, My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

E. K. MACDONALD, O.B.E., M.D., B.S., D.P.H., Q.H.P.

Medical Officer of Health

Health Department,
Grey Friars,
Leicester.
11*th June*, 1953

ANNUAL REPORT 1952

SECTION A

Statistics and Social Conditions of the Area

STATISTICS

Population

The Registrar-General estimates the population of the City of Leicester at mid-1952 as 285,900. This figure compares with the Census population on the 8th April, 1951, of 285,061, and the estimated 1951 mid-year population of 284,700.

There is thus an estimated increase of population from 1951 to 1952 of 1,200. This increase is more than accounted for by the excess of births over deaths during 1952.

Birth-rate

The number of live births registered in the City of Leicester during 1952 was :

Males	2,287 (2,373)
Females	2,267 (2,235)
Total	4,554 (4,608)
Birth-rate	15.9 (16.2)
Standardised Birth-rate ..	15.6 (15.9)

(*Note* : The comparative figures for 1951 are those in brackets)

Of the 4,554 total births, 256 (137 males and 119 females) were illegitimate, a slightly higher proportion than in 1951, viz. 230, 109, and 121 respectively.

Stillbirths

There were 88 stillbirths (40 males and 48 females), again, as last year, an improvement on the previous year's figures—105, 59 and 46. Only 5 of the stillbirths were illegitimate.

Infant Mortality

There were 110 deaths of infants under one year of age (70 males and 40 females), of which 13 males and 3 females were illegitimate. The infant mortality rate was therefore 24.2 infant deaths per 1,000 live births—the second lowest rate we have ever achieved. The comparative figures for the last three years, 1951, 1950, and 1949, were 25.2, 29.5 and 23.8.

The main causes of infant deaths were (Registrar-General's figures):

	1952			1951		
	Male	Female	Total	Male	Female	Total
Congenital malformations	19	9	28	13	5	18
Pneumonia	7	6	13	2	4	6
Accidents	7	3	10	3	3	6
Bronchitis	4	3	7	5	2	7
Gastritis, etc.	4	–	4	2	3	5
Infectious Disease ..	2	–	2	1	3	4
Others	27	19	46	42	28	70
	70	40	110	68	48	116

Among the deaths classified as from other causes, 46 in all, are included 24 deaths from prematurity (37 in 1951) and 13 from birth injury.

Marriages

The number of marriages in Leicester in 1952 was 2,557 (2,581).

Death-rate

The total number (corrected) of deaths was 3,254 (3,530), namely 1,652 (1,750) males and 1,602 (1,780) females.

The death-rate was therefore 11.4, compared with 12.4 for 1951. The standardised death-rate was 11.5 (12.5). This is useful in comparing the health of the City with that of other towns (see Table 3) or of the country as a whole. The death-rate for England and Wales was 11.3, and that for all the County Boroughs was 12.1.

Of the total number of deaths, nearly two thirds (65%) occurred in persons over 65 years of age, with the female sex having the advantage

as usual ! No less than 1,240 deaths out of 3,254 occurred in people who had passed their 75th birthdays—a goodly total. These figures are given in greater detail in Table 2.

The main causes of death are shown in Table 2, from which the following extracts are made :

Heart and Vascular Disease

Out of 3,254 total deaths, 1,684 (or 51.7%) were assigned to these causes.

In 1951, there was exactly the same number of deaths, viz. 1,684, but the percentage was slightly lower—47.7% of the total.

Of the 1,684 deaths in 1952, 804 were males and 880 females.

Only 37 of the deaths were in persons under 45 years of age and 1,320 (or 78%) were in persons over 65 years of age, and 818 (or 49%) in persons over 75 years of age.

Cancer

There were 595 deaths—304 males and 291 females.

The following table compares the figures for definite sites of cancer for the last three years :

		1952	1951	1950
Stomach	Males	44	44	40
	Females	43	46	39
Lung and Bronchus	Males	82	74	69
	Females	11	9	10
Breast	Males	–	–	1
	Females	58	48	71
Uterus		32	32	31
Other sites ..	Males	178	166	160
	Females	147	160	140
	Totals	595	579	561

Tuberculosis

Full consideration of this disease will be found in Dr. Cuthbert's report in Appendix I. It is, however, desirable in this Section to mention that the total number of deaths for 1952 was 99—the lowest number ever recorded in Leicester. In this figure, 57 males and 42 females are reported. These figures compare with 107, 72, and 35 respectively for 1951.

It is once again desirable to point out that tuberculosis kills mainly in the prime of life, i.e. in the working years, 25-65. It was the highest cause of death among both males and females in the period 25-45 years, being responsible for 33 deaths (14 male, 19 female) in this age group out of a total of 165 deaths (87 males and 78 females).

Respiratory Disease

There were 114 deaths from pneumonia (67 males, 47 females), 180 deaths from bronchitis (114 males, 66 females), and 22 from other diseases of the respiratory system (16 males and 6 females).

In 1951, there were 137 deaths from pneumonia, 251 from bronchitis, and 24 from other diseases, so 1952 was a more satisfactory year in this respect.

Nearly half (46%) of the respiratory deaths occurred in persons over 75 years of age.

INFECTIOUS DISEASE—MORBIDITY AND MORTALITY

Measles

Somewhat to my surprise, in 1952, 3,754 cases of measles were notified—rather a large number for what was expected to be an inter-epidemic year. In 1951, there were 4,810 cases. There were two deaths, one boy and one girl, in 1952, the same number as in 1951.

Scarlet Fever

There were 508 notifications and no death (241 cases with no death in 1951).

Whooping Cough

1,059 notifications with two deaths, one of each sex (1951, 1,759 cases and 2 deaths).

It is satisfactory to report that the time when whooping cough vaccine can be offered as a really reliable preventive to the disease appears to be fast approaching.

Diphtheria

Only one case was notified and no death occurred.

Diphtheria Immunisation

	Under 5	Over 5	Total
Number of children immunised in 1952..	3339 (3524)	533 (430)	3872 (3954)
Number of children given "boosting" dose in 1952	1128 (1036)	1967 (1265)	3095 (2301)
Number of cases of genuine diphtheria during 1952 in "immunised" children	Nil (Nil)	Nil (Nil)	Nil (Nil)
Number of deaths from genuine diphtheria during 1952 in "immunised" children	Nil (Nil)	Nil (Nil)	Nil (Nil)

(Note : 1951 figures in brackets)

Vaccination
Number of Persons Vaccinated (or Re-vaccinated) during 1952

Age at Date of Vaccination	Under 1	1 to 4	5 to 14	15 or over	Total
No. vaccinated ..	122 (129)	128 (115)	34 (35)	179 (255)	463 (534)
No. re-vaccinated	— (—)	6 (13)	14 (19)	264 (654)	284 (686)

(Note : 1951 figures in brackets)

PRIVATE DOCTORS SUPPLEMENTARY RECORD
for year ending 31st December, 1951
Number of Persons Vaccinated (or re-vaccinated) during 1951 (notified during 1952)

Age at Date of Vaccination	Under 1	1 to 4	5 to 14	15 or over	Total
No. vaccinated ..	5	—	—	10	15
No. re-vaccinated	—	—	1	6	7

Poliomyelitis

There were only 4 cases reported, three being paralytic and the fourth non-paralytic. There was no death.

The comparable figures for the previous two years were :

1951—13 cases, 9 paralytic, 4 non-paralytic, and one death.

1950—79 cases, 42 paralytic, 37 non-paralytic, and 4 deaths.

Pneumonia

183 cases were notified.

Sonne Dysentery

After our extensive epidemic of 1950-51, when there were 2,101 notified cases, the decreased incidence of this troublesome disease was very welcome.

The total number of cases notified during the year was 284, distributed as follows :

First Quarter	121
Second Quarter	52
Third Quarter	4
Fourth Quarter	107
	284

Of these notified cases 152 were bacteriologically positive as follow :

Quarter ending ..	31/3/52	30/6/52	30/9/52	31/12/52	Total
Under 5 years ..	19	6	–	33	58
5—14 years ..	15	3	–	14	32
15—44 years ..	20	2	–	29	51
45—64 years ..	7	1	–	2	10
65 and over ..	1	–	–	–	1
Total ..	62	12	–	78	152

Many of the cases in the fourth quarter occurred in a sharp outbreak in one of the Day Nurseries.

Paratyphoid Fever

One non-fatal case was notified as Paratyphoid B.—a girl, 14 years of age. Although a thorough investigation was made, the origin of the infection was not found.

Infective Hepatitis

During the year there were 179 cases of this condition affecting school children who mainly attended two schools.

The epidemic had started in November 1951, when 2 cases occurred in a school in a new housing estate on the West of the City. In 1952, the

number of cases increased. From January to April, when this school closed for the Easter holidays, there were 53 cases, 12 in the Infant School and 41 in the Junior School. There were also 3 cases in schools towards the centre of the City. Between the Easter and Summer holidays another 39 cases occurred in the first school affected, and 20 in other schools mainly around the centre of the City. The outbreak became less severe in the first school affected in the Autumn term, when there were 19 cases. Another school had a short epidemic of 22 cases within a few weeks and there were 23 in other schools.

Infective hepatitis is not a notifiable disease, and therefore, apart from school children, it is impossible to find out how many cases are occurring in a community, but conversations with general practitioners showed that adults were also affected.

With a view to curtailing the outbreak, a sanitary inspector investigated in great detail each case occurring in one school to see if a means of spread could be shown between one case and another. This is a difficult task because there are always many missed cases of the disease, who may be ill for only a few days with perhaps headache and stomach upset, and as they do not develop jaundice, cannot be readily diagnosed. The incubation period of 3-4 weeks also makes the tracing of when infection occurred difficult, and we were not surprised when little came of his work. The inspector obtained a history of any other cases or suspicious cases in the family, enquired about food and milk supply, laundries used, Sunday schools attended, etc. No evidence could be found of how the patients were infected. Occasionally there was more than one case in a family or in adjacent houses, but in the main the cases were scattered through the neighbourhood. The school children affected were in different classes and there was no evidence of two children near each other becoming infected.

FOOD POISONING

(Dr. A. I. ROSS, M.D., D.P.H., Deputy Medical Officer of Health, Leicester.)

The following table summarises the outbreaks of food poisoning occurring in Leicester during the year and brought to the notice of the Health Department.

Where outbreak occurred	Month	No. of cases	Vehicle of Infection	Organism
Canteen ..	Jan.	6	? Cold pork	Probably staphylococcus
Canteen ..	Jan.	6	? Shepherd's pie	Probably staphylococcus
Canteen ..	Feb.	7	? Minced meat	Possibly staphylococcus
Private house	April	7	? Cold rabbit	Unknown
Private house	May	2	Unknown	Unknown
Private house	June	2	Cold tongue	Staphylococcus
Private house	July	5	? Cold mutton	Possibly staphylococcus
Private house	July	2	Unknown	Salm. typhimurium
Private house	August	3	Cold pork	Staphylococci (coagulase negative) and aerobic spore-bearing organisms
Private house	Sept.	2	Unknown	Unknown
Private house	Oct.	3	Unknown	Unknown
	Total	45		

In addition there were 16 single cases of which 8 were due to the following identified agent :

Staph. aureus	1
Salm. typhi-murium	2
Salm. enteriditis	2
Salm. stanley	1
Salm. taxoney	1
Salm. oranienberg	1

In the eleven outbreaks, meat products were definitely the vehicle in two, and probably in five. In the remaining four the cause was not ascertained.

In the two outbreaks due to meat products the meats concerned were cold tongue and cold pork. The outbreak due to the tongue resembled

closely three similar outbreaks occurring in 1951, and mentioned in last year's Report.

After three weeks in brine the tongue was boiled, then removed from the boiler and trimmed by hand on an unsterilized wooden table, placed in an unsterilized mould, covered, and then placed in a refrigerator. The following day it was emptied on to an unsterilized tray and part of it was sold to one of the patients. Four-and-a-half hours after eating the tongue they both suffered from mild vomiting and diarrhœa lasting a day. The time the illness took to develop and the symptoms indicated that *staphylococcus aureus* was responsible. Although this organism was not recovered from the patients, it was obtained from the hands of the butcher who prepared the tongue, from two samples of tongue remaining over from the meal, from the mould in which the hot tongue had been pressed, and from the tray on to which the tongue had been emptied from the mould.

This clearly shows the great risk of contamination when tongues or pressed meats are cooked in this way, and the need for improved technique.

The outbreak caused by cold pork was due to a heavy contamination of *staphylococci* (coagulase negative) and aerobic spore bearing organisms. Such organisms, which ordinarily are non-pathogenic, have in recent years been recognized as a cause of food poisoning if present in large numbers as they were in this case.

The pork was bought on the 23rd August, and cooked on the 24th. It was eaten by two people on the 25th without any illness resulting. The weather was warm and the pork was stored in the larder. On the 27th, i.e. three days after cooking, it was eaten by three other people who suffered from mild diarrhœa and vomiting beginning $3\frac{1}{2}$-$8\frac{1}{2}$ hours afterwards.

It is clear that considerable growth of micro-organisms occurred while the pork was stored for three days in the warm larder.

Of the five other outbreaks probably due to meat products, the suspected vehicle in the first was cold pork, which, after cooking, had been stored for four days before being eaten. The second was probably caused by shepherd's pie. The meat was cooked, minced by an unsterile machine, and placed in shallow trays to cool overnight. The following day the pie was prepared and cooked in ovens from 8 to 9.30 a.m., when it was kept warm until eaten at noon. In the third outbreak the probable vehicle was mince which was made the day before use by unsterile machines. The next day it was stored warm for four hours before being eaten. Cold rabbit may have been responsible in the fourth outbreak. It again was cooked and stored in an open saucepan on a shelf in a fairly warm room and eaten at various meals on the next four days. The cold

mutton, probably causing the fifth outbreak, was stored during warm weather overnight in the gas oven before being eaten on the next day.

These five outbreaks illustrate the importance of meat dishes being prepared in as clean a manner as possible, e.g. the necessity of sterilizing mincing machines before use and the need to eat meat products as soon as possible after cooking. If they must be stored they should be cooled as rapidly as possible and stored at a temperature below 40°F. If such food is reheated it should be brought to boiling point before being served.

INVESTIGATION OF PREPARATION OF PRESSED MEAT PRODUCTS

Following the outbreaks of food poisoning in 1951 due to staphylococcal toxin in pressed meats, inspection of several other premises where pressed meat products were prepared showed that the methods used were defective in many ways. It was, therefore, decided to investigate the preparation of these meat products, e.g. brawn, tongue, and pressed meat, which are eaten as sold without further cooking.

The twenty premises in Leicester where such products are cooked were visited, usually with the District Sanitary Inspector, who, knowing the proprietor or manager, helped in the necessary friendly approach. All the butchers visited co-operated readily and fully. All visits were paid by prior appointment when cooked meats were being prepared. A thorough inspection was made of the premises, paying special attention to their construction and cleanliness, the types of utensils and cutlery used, and the method of cleaning, their cleanliness and sterilization, the cleanliness of the personnel and the methods used in cooking the meat and in transferring it to moulds. A further visit was paid to the shop on the next day or later to see it removed from the moulds prior to sale. Five bacteriological specimens were taken at different stages from each premises visited.

The investigation showed that several of the premises themselves were unsatisfactory in some respects. Few butchers sterilized their equipment adequately. Some of the arrangements for storing equipment were unsatisfactory. Two of the moulds were too large, necessitating too long a time for the meat to cool. Four of the moulds were not covered after filling with meat, and several others were not covered satisfactorily. In some cases the cooked meat was exposed too long before being placed in the moulds and there was undue delay in cooling. The gelatine solution added to the meat was too cool in two cases and had not been boiled in two. Twelve butchers used unsterile knives to remove the meat from the moulds.

The bacteriological examinations were kindly undertaken by Dr. E. Harper Gillespie, Director of the Public Health Laboratory at that time. In only two cases were all specimens sterile. In five others only scanty bacterial growth was obtained from one or more specimens, the only organisms isolated being either micrococci or B. subtiles. In the remaining thirteen, where various organisms were isolated, there were obvious defects in the technique of meat preparation.

The findings both on inspection and on bacteriological examination show the unsatisfactory methods that are used in the preparation of meat products and make one wonder why outbreaks of food poisoning from this source are not much more common.

Recommendations for preparing pressed meats

The Report of the Manufactured Meat Products Working Party published in 1950 recommends that "the final cooking should take place after the tongue or other meat has been placed in the mould in which it is to be pressed ; manufacturers with facilities for cooking by steam will have no difficulty in doing this and others using open-cookers should, whenever possible, modify their practice to secure the same result. At all times contact with the hands after cooking should be reduced to a minimum". Elsewhere they recommend that tongues which have to be skinned after cooking should then be boiled for a further five minutes to destroy surface contamination.

There are two difficulties about these recommendations :

1. Only the larger manufacturers are likely to have facilities to cook by steam. To ensure sterility of the product by this method is by no means foolproof and shrinkage of the meat may be troublesome. The last two objections can, however, be overcome.
2. Even if the product be boiled for five minutes, it has still to be handled when taken from the boiler and placed in the moulds.

To overcome these difficulties the following simple method is suggested. Basically it amounts to the adoption of a surgical aseptic technique in which the cooked product is not touched by hand. The method is being used successfully by several Leicester butchers and its use is increasing.

The meat is cooked in the usual way or placed in the boiler in a large colander. All moulds, lids, knives, forks, etc., and a small bucket or jug, are boiled or steamed for at least 10 minutes. The butcher wears clean protective clothing, i.e. washable head covering and a gauze mask

covering the nose and mouth. After 10 minutes the bucket or jug is withdrawn from the boiling water—housewife's wooden laundry tongs costing about 3s. 6d. have proved useful for this purpose, the gripping end having first been sterilized by boiling—and filled with boiling water to which a measured amount of hypochlorite to give 100 parts per million of chlorine is added. The other knives, forks, etc., are then placed in the bucket with the handles projecting. A mould is removed, using the tongs, inverted, shaken, and placed on a table. The meat is then filled directly into the mould and if it is necessary to trim the meat, remove bones, etc., this is done on a tray previously boiled, or in the colander, if one has been used. After each instrument is used it is returned to the hypochlorite solution.

Boiling gelatine solution is poured into the mould and a sterile cover applied using the laundry tongs to handle the cover when it is made of sheet metal without a handle, otherwise holding the cover by the handle, care being taken that the part that is to come into contact with the meat or jelly, does not touch any unsterile utensil. The filled mould is then taken straight to the coldroom or refrigerator if this is large enough not to suffer a significant rise of temperature when a hot article is placed inside. If the refrigerator is small the meat is cooled by placing the mould in a sink filled with cold water for 10-20 minutes, the water running constantly and overflowing.

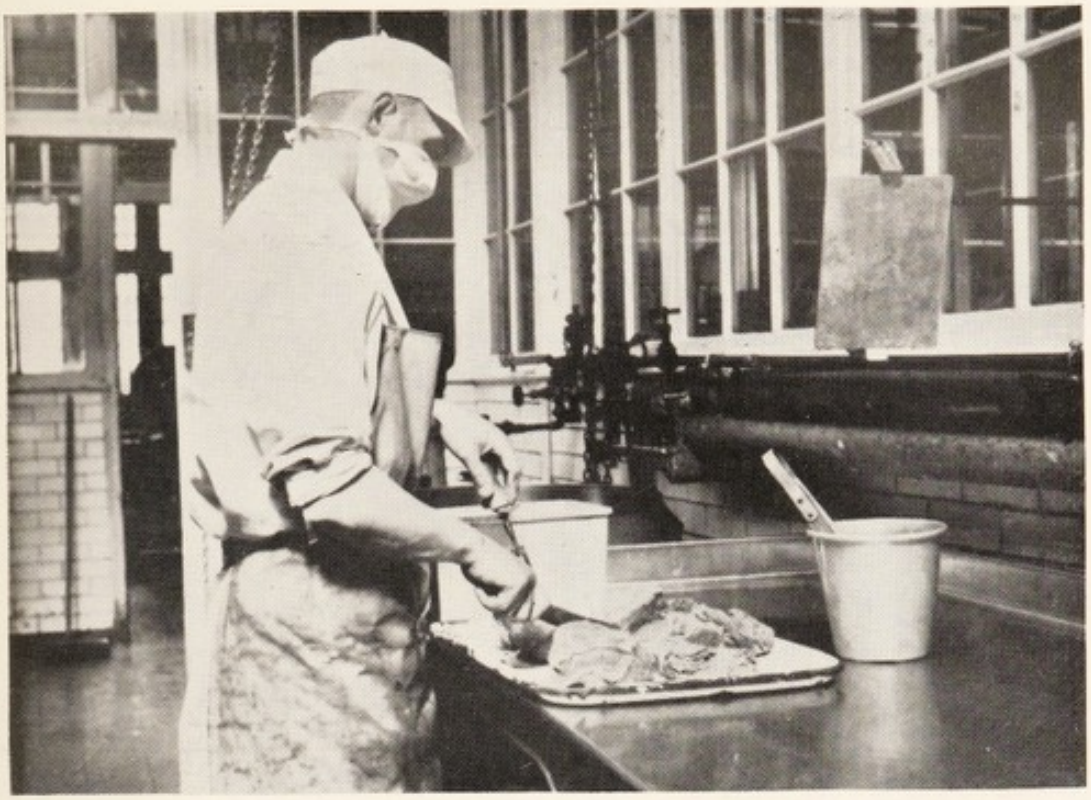
When the meat is of poor quality or small with bones, as in the case of tongues which have to be skinned and boned, the meat can be partly cooked, trimmed, re-cooked to sterilize, and then placed in the moulds, using the aseptic method described.

The use of a mask is desirable but not essential. It prevents contamination of cooked meat and utensils by organisms from the nose and mouth and of the hands by staphylococci which may be in the nose. It reminds the butcher that the preparation of pressed meat is a very special process.

Bacteriological checks have not so far shown pathogenic organisms present in the jelly, meat or moulds.

The method has been readily accepted by the butchers when it has been found to produce a satisfactory pack, and not to increase significantly the time taken on the work.

It can be recommended for the small producer who cooks only once or twice a week. (*See photographs on facing page.*)



PREPARATION OF PRESSED MEAT PRODUCTS

Showing protective clothing (note head covering and mask) ; instruments in small bucket containing hypochlorite solution ; cooked meat, untouched by hand, does not come into contact with unsterile surface.

In upper photograph meat is on sterile tray ; butcher using instruments to cut meat ; lid of mould hung by handle on metal rod.

In lower photograph the butcher is taking sterile forceps from bucket.

TABLE 1

Showing estimated Population, Birth-rates and Death-rates (General and Zymotic) per 1,000 living during the last 40 years—1913-1952

Year	Estimated Population	Birth-rate	Death-rate	Zymotic (Death-rate)	Infant Mortality
1913	230,970	22.8	13.3	.7	119.3
1914	232,664	22.1	14.1	1.1	119.9
1915	232,664	20.8	14.9	.5	122.8
1916	225,907	20.7	13.6	.8	104.8
1917	217,537	16.9	13.5	.7	105.0
1918	217,537	14.9	17.8	.5	108.1
1919	236,059	15.3	13.0	.3	98.0
1920	236,874	24.9	12.1	.8	89.4
1921	237,900	22.4	12.0	.5	85.9
1922	238,240	19.5	12.7	.5	87.8
1923	238,580	19.2	11.6	.4	84.0
1924	238,920	18.3	12.3	.7	79.0
1925	239,260	17.5	13.1	1.3	87.6
1926	239,600	17.2	12.4	.7	77.4
1927	239,940	16.5	12.7	.5	75.1
1928	240,280	16.6	11.4	.2	70.7
1929	240,620	15.6	14.2	1.3	80.3
1930	240,960	16.1	11.4	.4	55.7
1931	241,300	15.3	12.4	.5	63.7
1932	240,800	14.9	12.5	.8	70.0
1933	241,500	13.4	12.8	1.0	74.6
1934	241,100	14.2	11.7	.4	52.7
1935	261,000	13.9	11.6	.4	59.4
1936	261,800	14.5	11.6	.3	58.4
1937	262,900	14.5	12.5	.8	62.5
1938	263,300	14.7	11.2	.4	45.95
1939	262,900	13.9	11.5	.4	49.1
1940	259,400	13.9	14.5	.4	51.2
1941	265,310	13.9	12.2	.4	55.0
1942	259,400	16.7	11.2	.4	50.6
1943	254,800	18.6	12.8	.5	48.5
1944	257,450	20.3	11.9	.3	39.0
1945	256,960	19.2	12.2	.4	54.3
1946	269,320	21.0	12.2	.5	53.7
1947	275,830	21.9	12.2	.4	47.2
1948	280,300	19.1	10.8	.45	38.3
1949	283,400	17.9	11.6	.59	23.8
1950	287,520	16.4	11.5	.58	29.5
1951	284,700	16.2	12.4	.09	25.2
1952	285,900	15.9	11.4	.09	24.2

TABLE 2—CAUSES OF DEATH

Classification	Sex	All Ages	0—	1—	5—	15—	45—	65—
Total Deaths	M	1652	70	13	6	104	478	981
	F	1602	40	12	7	99	324	1120
1. Tuberculosis of Respiratory System	M	52	–	–	1	16	29	6
	F	40	–	–	–	27	11	2
2. Other forms of Tuberculosis	M	5	–	1	–	1	2	1
	F	2	–	–	–	1	1	–
3. Syphilitic Disease ..	M	5	–	–	–	–	2	3
	F	3	–	–	–	–	3	–
4. Diphtheria	M	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–
5. Whooping Cough ..	M	1	–	1	–	–	–	–
	F	1	–	1	–	–	–	–
6. Meningococcal Infections	M	1	1	–	–	–	–	–
	F	–	–	–	–	–	–	–
7. Acute Poliomyelitis ..	M	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–
8. Measles	M	1	–	1	–	–	–	–
	F	1	–	–	1	–	–	–
9. Other Infective and Parasitic Diseases	M	2	1	–	–	–	–	1
	F	3	–	–	–	1	2	–
10. Cancer of Stomach ..	M	44	–	–	–	1	19	24
	F	43	–	–	–	3	13	27
11. Cancer of Lung and Bronchus	M	82	–	–	–	6	51	25
	F	11	–	–	–	–	7	4
12. Cancer of Breast ..	M	–	–	–	–	–	–	–
	F	58	–	–	–	5	32	21
13. Cancer of Uterus ..	F	32	–	–	–	5	22	5
14. Other Malignant and Lymphatic Neoplasms..	M	174	–	2	1	9	54	108
	F	138	–	–	2	6	46	84
15. Leukæmia, Aleukæmia	M	4	–	–	–	1	3	–
	F	9	–	–	–	2	3	4
16. Diabetes..	M	8	–	–	–	–	4	4
	F	14	–	–	–	–	3	11
17. Vascular Lesions of Nervous System	M	194	1	–	–	5	48	140
	F	270	–	–	–	3	40	227
18. Coronary Disease, Angina	M	232	–	–	–	5	79	148
	F	122	–	–	–	1	22	99

TABLE 2 (continued)—CAUSES OF DEATH

Classification	Sex	All Ages	0—	1—	5—	15—	45—	65—
19. Hypertension with Heart Disease	M	49	–	–	–	–	18	31
	F	45	–	–	–	–	9	36
20. Other Heart Disease ..	M	270	–	–	–	10	30	230
	F	401	–	1	–	7	53	340
21. Other Circulatory Disease	M	59	–	–	–	3	23	33
	F	42	–	–	–	1	5	36
22. Influenza	M	2	–	–	–	–	1	1
	F	5	–	–	–	1	2	2
23. Pneumonia	M	67	7	–	–	5	11	44
	F	47	6	2	–	–	6	33
24. Bronchitis	M	114	4	–	–	2	29	79
	F	66	3	–	–	3	6	54
25. Other Diseases of Respiratory System	M	16	1	1	–	4	5	5
	F	6	1	–	–	1	1	3
26. Ulcer of Stomach and Duodenum	M	24	–	–	–	1	13	10
	F	9	–	–	–	1	2	6
27. Gastritis, Enteritis and Diarrhœa	M	8	4	–	–	3	–	1
	F	8	–	1	–	1	1	5
28. Nephritis and Nephrosis	M	17	–	–	1	3	5	8
	F	26	–	–	–	4	8	14
29. Hyperplasia of Prostate	M	14	–	–	–	–	1	13
30. Pregnancy, Childbirth, Abortion	F	4	–	–	–	4	–	–
31. Congenital Malformations	M	21	19	1	–	–	1	–
	F	16	9	2	1	2	2	–
32. Other Defined and Ill-defined Diseases	M	117	25	5	2	10	25	50
	F	138	18	4	1	14	21	80
33. Motor Vehicle Accidents	M	20	–	1	–	12	2	5
	F	5	–	–	1	–	2	2
34. All Other Accidents ..	M	29	7	–	1	2	9	10
	F	22	3	1	1	2	3	12
35. Suicide	M	17	–	–	–	5	11	1
	F	15	–	–	–	4	8	3
36. Homicide and Operations of War	M	3	–	–	–	–	3	–
	F	–	–	–	–	–	–	–

TABLE 3

Table showing Population, Birth-rates, Death-

Mortality rates of the 20 large towns

	Birmingham	Bradford	Bristol	Cardiff	Coventry	Croydon	Kingston upon Hull	Leeds
Registrar-General's estimated population	1,119,000	288,000	443,900	244,800	261,000	250,500	299,400	504,800
Comparability factor :								
(*a*) Births	0.96	1.01	0.99	0.97	0.94	0.96	1.00	0.96
(*b*) Deaths..	1.12	0.97	0.97	1.06	1.26	0.93	1.14	1.07
Crude birth-rate per 1,000 population	16.4	15.9	15.23	17.77	15.9	13.8	18.57	15.3
Birth-rate as adjusted by factor..	15.7	16.0	15.08	17.24	14.9	13.2	18.57	14.7
Crude death-rate per 1,000 population	10.24	13.7	11.20	11.13	8.9	11.9	11.09	12.5
Death-rate as adjusted by factor	11.47	13.2	10.86	11.79	11.2	11.1	12.64	13.4
Infantile mortality rate per 1,000 live births	26.8	33	21.45	28.49	31.7	20	39.75	30
Neo-natal mortality rate per 1,000 live births	17.6	20	15.09	18.16	20.4	13.8	21.58	18.6
Stillbirth rate per 1,000 total births	19.6	30	20.86	25.09	19.0	22.5	24.05	23
Maternal mortality rate per 1,000 total births	0.80	0.84	1.01	0.02	0.24	0.56	0.53	0.76
Tuberculosis rates per 1,000 total population :								
(*a*) Primary notifications								
Respiratory	1.11	0.86	1.311	1.275	1.8	0.89	1.00	0.94
Non-respiratory ..	0.13	0.15	0.135	0.1716	0.18	0.08	0.14	0.19
(*b*) Deaths								
Respiratory	0.25	0.23	0.205	0.33	0.20	0.224	0.30	0.22
Non-respiratory ..	0.02	0.03	0.025	0.02	0.06	0.016	0.02	0.02
Death-rates per 1,000 Population from :								
*Cancer (all forms)	1.90	22.81	1.922	2.03	1.54	2.263	2.04	1.08
Typhoid and Paratyphoid Fever	0.00	0.00	0.00	0.008	0.00	0.00	0.00	0.00
Meningococcal Infections ..	0.01	0.003	0.002	0.008	0.00	0.008	0.01	0.002
Scarlet Fever	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.01	0.00	0.002	0.004	0.004	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.000	0.00	0.00	0.00	0.00
Influenza	.03	0.04	0.050	0.04	0.034	0.036	0.03	0.05
Measles	.00	0.003	0.00	0.004	0.008	0.00	0.01	0.01
Acute Poliomyelitis and Encephalitis	.01	0.003	0.002	0.008	0.00	0.008	0.00	0.01
Acute Infectious Encephalitis..	.01	0.00	0.00	0.000	0.00	0.00	0.00	0.00
Smallpox	0.00	0.00	0.00	0.000	0.00	0.00	0.00	0.00
Diarrhœa (under two years)..	.02	0.02	0.0045	0.029	0.31	0.008	0.06	0.01
Diarrhœa (under two years) (per 1,000 live births) ..	1.26	1.52	0.30	1.61	1.92	0.577	0.34	0.90

*Including Leukæmia and Aleukæmia.

TABLE 3

rates, Zymotic Death-rates, Infant and Maternal

of England and Wales for 1952

Leicester	Liverpool	Manchester	Newcastle upon Tyne	Nottingham	Plymouth	Portsmouth	Salford	Sheffield	Southampton	Stoke-on-Trent	Sunderland
285,900	791,500	705,400	289,800	310,700	218,600	242,600	176,400	510,900	175,500	272,300	180,400
0.98	0.96	0.95	0.97	0.97	1.05	1.05	0.95	0.99	0.99	0.96	1.01
1.01	1.19	1.11	1.09	1.08	1.06	1.04	1.14	1.07	1.02	1.21	1.13
15.9	20.0	17.53	16.54	16.71	15.95	15.43	17.57	13.71	16.97	16.36	20.0
15.6	19.2	16.65	16.04	16.21	16.75	16.20	16.69	13.57	16.80	15.52	20.2
11.4	11.4	12.16	11.81	10.74	11.18	10.77	12.15	11.62	11.46	11.38	11.4
11.5	13.6	13.50	12.87	11.60	11.85	11.20	13.851	12.43	11.69	13.76	12.8
24.2	35.5	34.28	29.21	28.13	29.53	23.24	34.8	23.98	28.88	28.0	36.0
13.6	22.5	21.75	18.37	17.91	20.94	15.22	19.35	15.42	20.82	19.0	22.4
19.0	24.6	27.45	26.40	22.59	22.70	23.98	19.3	20.01	33.12	28.0	19.3
0.86	0.43	0.71	1.016	0.38	0.84	0.78	0.63	0.70	0.65	0.436	0.54
1.34	1.98	1.02	1.484	1.38	1.05	1.29	1.07	1.159	1.21	1.153	1.48
0.12	0.17	0.13	0.221	0.09	0.19	0.12	0.15	0.125	0.063	0.088	0.19
0.32	0.34	0.38	0.328	0.32	0.22	0.21	0.35	0.225	0.387	0.348	0.34
0.024	0.04	0.03	0.041	0.03	0.02	0.045	0.006	0.020	0.034	0.026	0.03
2.08	2.01	2.18	2.118	1.98	1.73	1.95	2.262	2.067	2.165	2.071	2.03
0.00	0.00	0.00	0.000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.0035	0.02	0.003	0.007	0.01	0.009	0.01	0.011	0.004	0.006	0.0074	0.02
0.00	0.00	0.00	0.000	0.00	0.00	0.00	0.00	0.002	0.00	0.00	0.00
0.007	0.01	0.01	0.003	0.01	0.01	0.00	0.00	0.002	0.006	0.0	0.00
0.00	0.00	0.001	0.000	0.00	0.004	0.00	0.00	0.00	0.00	0.0	0.00
0.024	0.07	0.03	0.028	0.03	0.03	0.01	0.023	0.041	0.017	0.044	0.05
0.007	0.01	0.01	0.003	0.00	0.00	0.00	0.00	0.002	0.011	0.0073	0.017
0.00	0.00	0.001	0.000	0.00	0.009	0.00	0.00	0.006	0.006	0.0	0.005
0.00	0.00	0.003	0.007	0.01	0.00	0.00	0.006	0.002	0.006	0.0037	0.00
0.00	0.00	0.00	0.000	0.00	0.00	0.00	0.00	0.00	0.000	0.00	0.00
0.017	0.03	0.03	0.028	0.03	0.045	0.04	0.04	0.022	0.017	0.0147	0.022
1.098	1.70	1.78	1.669	1.54	2.87	2.40	2.26	1.570	1.01	0.898	1.1

TABLE 4

MUNICIPAL WARDS. VITAL STATISTICS, 1952

	DEATHS					Infant Mortality per 1,000 live births	Births (corrected)
	0 to 1 year	1 to 5 years	5 to 65 years	Over 65 years	Total all ages		
1. St. Margaret's ..	8	—	82	146	236	31.9	251
2. Latimer	5	1	71	168	245	18.9	264
3. Charnwood	5	2	63	114	184	19.2	260
4. Spinney Hill	5	1	69	122	197	25.9	193
5. Wycliffe	8	1	53	100	162	30.4	263
6. Castle	4	1	59	110	174	20.0	200
7. Westcotes	5	—	78	304	387	17.2	291
8. Newton	9	4	70	121	204	20.1	447
9. Abbey	7	1	51	99	158	26.1	268
10. Belgrave	5	1	80	130	216	15.8	316
11. Humberstone ..	8	1	55	106	170	24.1	332
12. Evington	6	3	46	82	137	29.0	207
13. Knighton	4	—	72	155	231	17.8	225
14. De Montfort	6	2	63	128	199	22.5	267
15. Aylestone	7	3	47	111	168	25.8	271
16. North Braunstone ..	16	4	57	107	184	44.2	362
Unknown	2	—	—	—	2	—	—

(Local Figures)

TABLE 5

Showing the number of Deaths from certain Infectious Diseases in the Fifteen Years 1938-1952

Disease	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Measles	1	1	10	1	2	1	0	5	1	5	0	1	3	2	2
Scarlet Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diphtheria	33	23	50	20	8	3	6	1	1	0	1	0	0	1	0
Whooping Cough	9	12	2	12	1	7	4	2	3	2	1	5	3	2	2
Diarrhœa } Under two Enteritis } years of age	17	25	11	28	45	25	25	43	76	83	19	6	7	5	5
Influenza	20	37	86	32	26	92	16	20	26	9	4	16	4	117	7
Puerperal Fever	5	0	2	1	4	4	3	1	1	0	0	3	3	0	0
Cerebro-Spinal Fever	4	3	10	10	9	4	1	2	4	2	3	1	2	2	0
Poliomyelitis	0	0	0	1	1	0	0	0	0	1	0	3	4	1	0
Encephalitis Lethargica	4	2	4	2	3	0	1	2	1	6	4	4	1	0	0
Pneumonia	154	138	207	168	109	133	112	147	148	146	93	128	99	137	114

TABLE 6. DEATHS FROM CANCER, 1952
(TOTAL 593)

(Calculated locally)

Tabulated as to Age, Sex and Organ Affected, in accordance with local classification

Organ Affected	Under 35 years		35-65 years		Over 65 years		All Ages	
	M.	F.	M.	F.	M.	F.	M.	F.
Lip	—	—	—	—	—	—	—	—
Tongue	—	—	—	—	2	—	2	—
Jaw	—	—	—	—	—	—	—	—
Mouth	—	—	1	—	—	—	1	—
Larynx	—	—	4	1	3	—	7	1
Oesophagus ..	—	—	7	1	1	7	8	8
Stomach	—	—	19	16	24	27	43	43
Intestines	—	—	—	1	—	—	—	1
Colon	1	—	8	16	27	23	36	39
Rectum	1	—	7	6	17	12	25	18
Liver	—	1	3	1	2	4	5	6
Pancreas	—	—	5	1	7	7	12	8
Spleen	—	—	—	—	—	—	—	—
Lungs	1	—	53	7	26	4	80	11
Kidney	—	—	4	—	3	1	7	1
Bladder	—	—	2	—	15	4	17	4
Prostate	—	—	4	—	17	—	21	—
Testicle	—	—	—	—	—	—	—	—
Ovary	—	—	—	9	—	6	—	15
Uterus	—	1	—	16	—	15	—	32
Breast	—	1	—	35	—	21	—	57
Bones	—	—	3	1	—	4	3	5
Other Forms or not specified ..	7	5	14	19	16	16	37	40
Total ..	10	8	134	130	160	151	304	289

TABLE 7

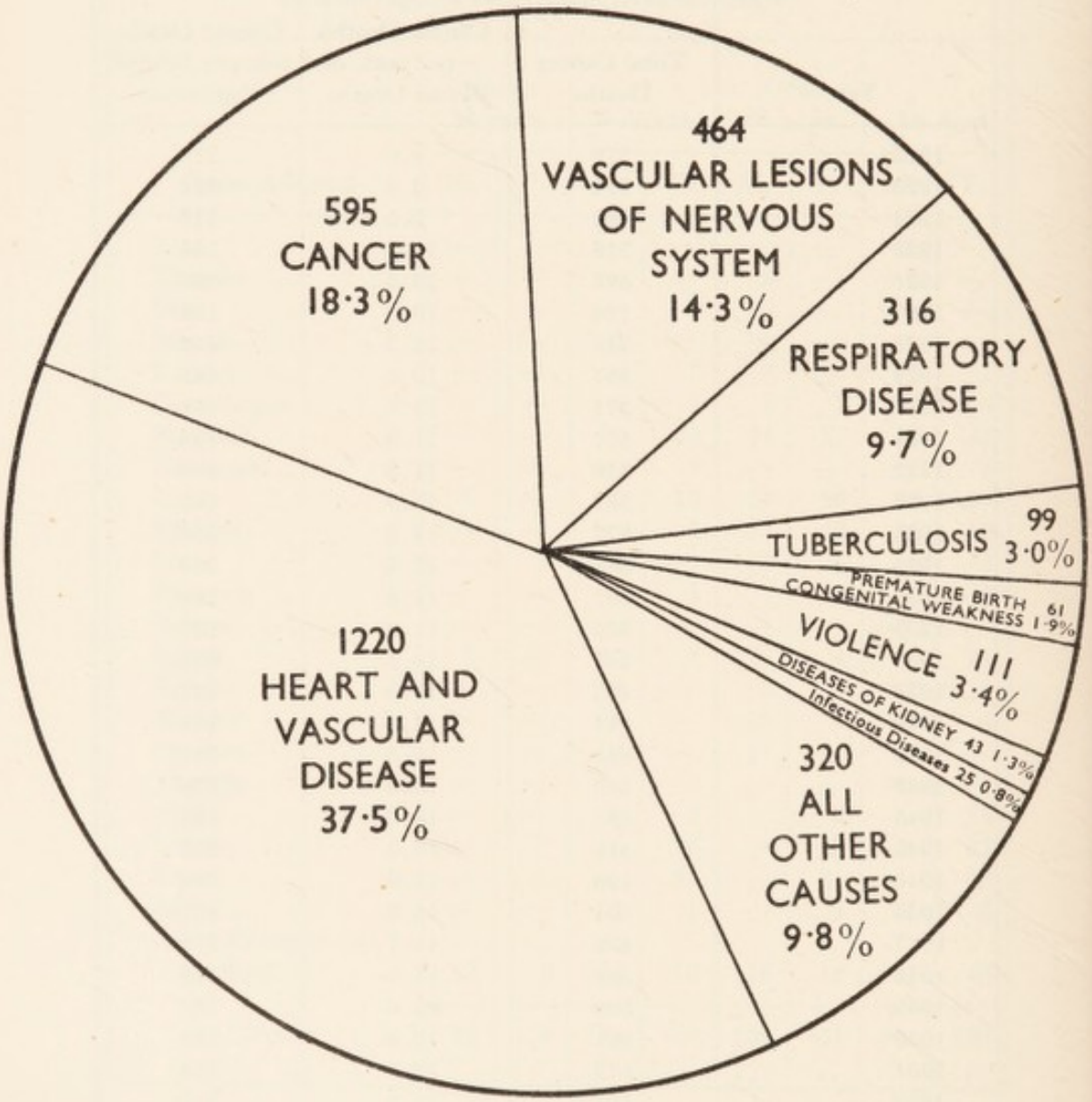
CANCER STATISTICS, 1922-52
(Calculated locally)

Year	Total Cancer Deaths	Cancer Deaths —per cent. of Total Deaths	Cancer Death-rate per 100,000 Population
1922	276	9.0	116
1923	274	9.8	114
1924	281	9.5	116
1925	318	10.1	131
1926	395	13.2	163
1927	324	10.6	132
1928	349	12.7	142
1929	357	10.4	145
1930	372	13.5	151
1931	357	11.9	148
1932	356	11.8	148
1933	367	11.9	152
1934	377	13.3	156
1935	384	12.9	150
1936	392	12.9	150
1937	366	11.2	139
1938	417	14.1	158
1939	423	14.0	161
1940	447	11.9	172
1941	471	14.5	177
1942	465	15.9	179
1943	487	15.0	191
1944	519	16.9	202
1945	496	15.9	193
1946	504	15.3	187
1947	492	14.7	178
1948	526	17.4	188
1949	509	15.5	180
1950	561	16.9	195
1951	579	16.4	203
1952	593	18.2	207

PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1952

GRAPH 1

TOTAL DEATHS, 3,254



SECTION B

Miscellaneous Health Services

In this Section I propose to include reports on certain sections of the work of the Health and other Departments which do not easily fit into any Appendix.

These are the reports on :

(*a*) Water Supplies

(*b*) Cremation

(*c*) City Ambulance Service

(*d*) Mental Health Service

(*e*) Home Nursing

(*f*) Care and After-Care, including Health Education

(*g*) Venereal Disease

(*h*) The operation of Section 47, National Assistance Act

(*i*) Housing Matters

(*j*) Children neglected in their own homes

WATER SUPPLIES

I am indebted to Mr. H. Wallhouse, A.M.I.C.E., M.I.W.E., Water Engineer, for the report on the work of his Department during 1952.

The results of the analytical examination of water supplied to City users will be found in the City Analyst's Report on Page 152.

Mr. Wallhouse reports as follows :

"(1) The water supplied in the Department's Statutory Area during the year 1952 has been both satisfactory in quality and adequate in quantity.

"(2) Samples of water have been taken from local reservoirs and submitted to the City Analyst for bacteriological examination and chemical analysis. The following statistics indicate the extent of this work :

			Bact.	*Chem.*
Cropston Reservoir :				
Bacteriological	Raw Water	2		
	Filtered Water ..	16		
	Chlorinated Water ..	15		
		—	33	
Chemical	Raw Water	11		
	Filtered Water ..	3		
	Chlorinated Water ..	3		
		—		17
Swithland Reservoir :				
Bacteriological	Raw Water	1		
	Filtered Water ..	15		
	Chlorinated Water ..	15		
		—	31	
Chemical	Raw Water	15		
	Filtered Water ..	4		
	Chlorinated Water ..	3		
		—		22
Thornton Reservoir :				
Bacteriological	Raw Water	14		
	Filtered Water ..	30		
	Chlorinated Water ..	29		
		—	73	
Chemical	Raw Water	59		
	Filtered Water ..	13		
	Chlorinated Water ..	4		
		—		76
		Totals :	137	115

"The large number of analyses made on Thornton water were occasioned by the recent removal of the silt accumulation from the reservoir basin, which had the effect of greatly disturbing the biological life of the water. In consequence, great care was taken that the water should be potable before any question of it being put into supply was considered. Analyses are also made of the water the City receives from the Derwent Valley reservoirs, and statistics are given to show this work :

Derwent Reservoirs		*Bact.*	*Chem.*
Bacteriological	Filtered and Chlorinated ..	8	
Chemical	Filtered and Chlorinated ..		13
	Totals :	8	13

"I am pleased to say that the City Analyst approved all the chlorinated samples as satisfactory potable waters and the filtered samples were also approved, subject to chlorination.

"(3) Apart from this control exercised at the sources, regular samples have been taken at random from various points within the Area, both by officers of the Health Department and of the Water Department, and these have been subjected to both bacteriological and chemical examination and found to be of satisfactory quality.

"(4) In December, in consultation with the City Analyst, a reorganization of the sampling of the waters at the sources and in supply was implemented, and this new routine procedure makes provision for the increase in the number of samples analysed, but, at the same time, demands a less rigorous analysis for a large proportion of the samples. In addition to the foregoing, special analyses have been made to meet the incidence of any outbreak of disease which might possibly be attributable to water and also any cases where the consumer expressed doubt in the quality of his supply.

"(5) The Derwent water, constituting approximately 87% of the City's total water needs, is obtained from high moorland country and, in consequence, is of a particularly soft character. This characteristic gives a potential tendency to plumbosolvency. Whilst the Board are required, under Section 58 of the Derwent Valley Water Act of 1899, to give corrective treatment by lime injection, the Department also maintains a

vigilant watch. The City Analyst has in the past carried out special investigations to determine the extent of the possible metallic contamination that might occur under the worst conditions in lead piping, and his findings were particularly reassuring.

"(6) There are approximately 123,400 houses in the Corporation's Authorized Area which are supplied with piped water :

(*a*) 121,400 are supplied directly to the house

(*b*) 2,000 are supplied by common taps in yards, etc.

"(7) The water population is an estimated figure and cannot be assumed correct, inasmuch as the last authentic figure was given by the Census of 1931. The Department for its own purposes calculates the water population as 426,400.

"(8) Standpipes are not allowed by the Corporation as drinking points under normal conditions."

CREMATION

I am indebted to Mr. E. H. Marsh, Superintendent Registrar, for the following information, which is extracted from his Annual Report.

"The practice of cremation in Leicester commenced in the year 1902, at a time when only seven other cremation authorities were operating in Gt. Britain, viz.—Woking, Manchester, Glasgow, Liverpool, Hull, Darlington and Golders Green.

There are now 63 Crematoria in operation in Gt. Britain.

Leicester's progress was very slow at first, but for the year under review, I am again pleased to report substantial progress, the total number of cremations being 1,216, an increase of 78 on the previous year.

As mentioned in the report for the year 1949, such satisfactory progress can be attributed to the propaganda work undertaken during the past years, also the improvements carried out at the Crematorium.

Propaganda has been continued during the year in the form of lectures to members of various organizations and visits to the Crematorium during the evenings of the summer months.

The New Garden of Remembrance was opened on March 31st, 1952, by the Lord Mayor, Alderman T. Rowland Hill, when a service of Dedication was conducted by the Rt. Rev. The Lord Bishop of Leicester and the President of the Leicester Free Church Federal Council.

Book of Remembrance. The Book of Remembrance continues to prove a very attractive form of record.

Year	No. of Cremations
1945	378
1946	471
1947	578
1948	561
1949	805
1950	946
1951	1138
1952	1216"

Steady progress is thus continued.

CITY AMBULANCE SERVICE

(Mr. J. E. OSWELL, F.I.C.A.P.)
Chief Ambulance Officer.

1952 is a year that is a definite landmark in the history of the City Ambulance Service, for in that year the programme of vehicle replacements, begun in 1948, was completed and, perhaps of even greater importance, on the 6th October, 1952, the new Ambulance Station on the Welford Road, Leicester, was opened by the Rt. Hon. Iain Macleod, M.P., Minister of Health.

It is proposed, therefore, to commence this report with a description of the Station. Photographs are also included and, through the courtesy of the City Architect, a block plan showing the accommodation provided.

Ambulance Station

The Station is situated on the west side of Welford Road, adjoining the ground of the Leicester Football Club, and is approximately one mile from the City Centre.

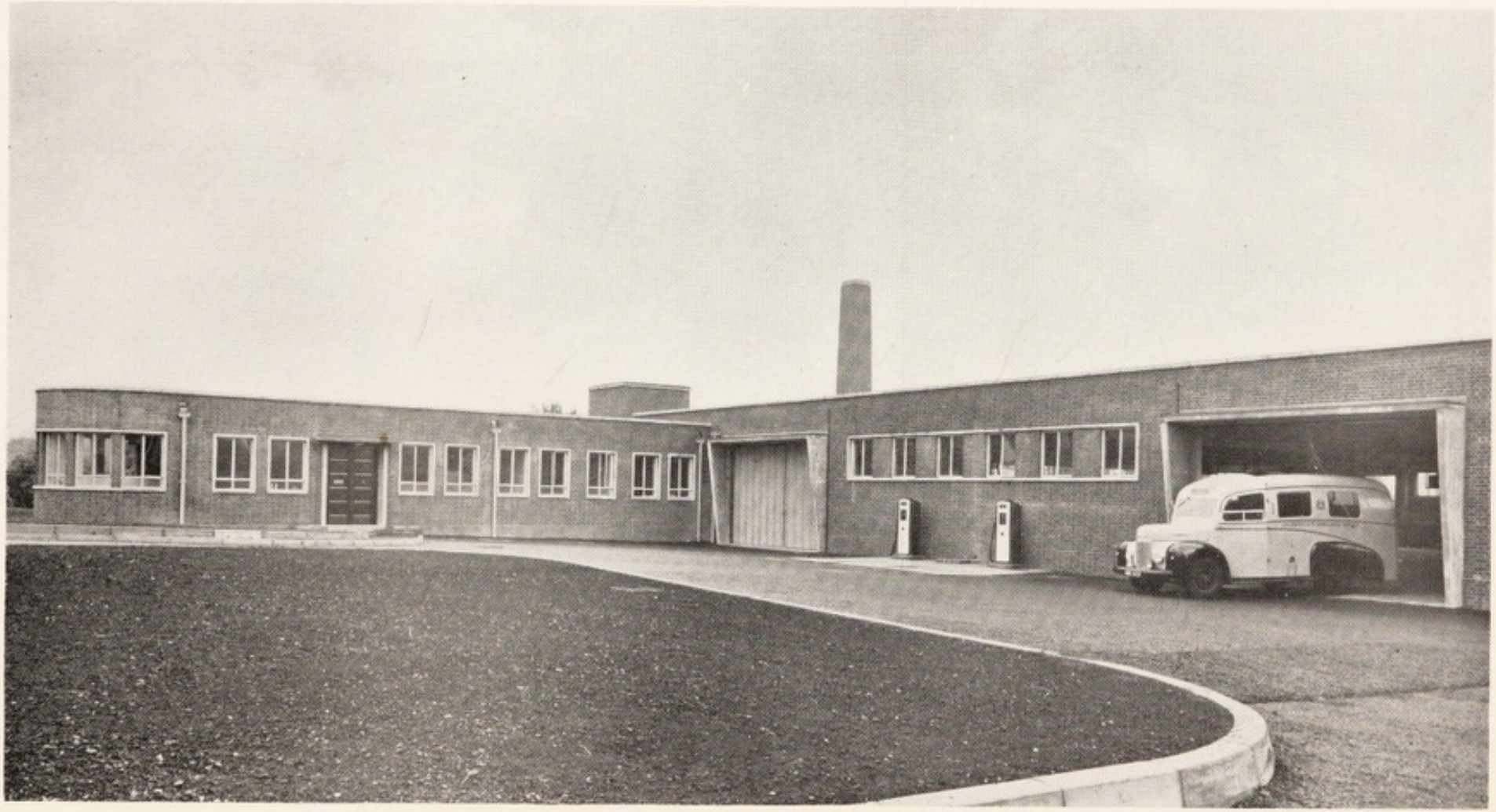
There are two blocks ; one containing a garage and administrative unit ; the other housing workshops for servicing and maintaining vehicles. The garage has a floor space of approximately a third of an acre, interrupted only by three central columns, and will accommodate 40 vehicles. There is room for extension of the garage should future requirements necessitate expansion.

The administrative unit houses clerical and ambulance personnel, and consists of rooms for Officers, ambulance personnel, control room with observation window to garage and front entrance, general office, men's locker and lecture room, women's locker room, men's and women's mess rooms with common kitchen, stores, etc. Ambulance staff have direct access to the garage. A small basement houses heating equipment. It is intended, eventually, to provide a canteen and lecture room at first floor level.

The workshop block contains a vehicle washing room, paint and spray shop, repair shop with lubrication equipment and inspection pit, mechanics' workshop, store, oil store, and battery charging room. All, with the exception of stores and battery charging room, are intercommunicating and are entered from the paved yard.

Heating is by low pressure hot water with radiators, except in the garage, where forced flow heaters are installed. There are two petrol pumps, each tank having a capacity of 1,500 gallons.

MAINTENANCE BUILDING—CITY AMBULANCE STATION



CITY AMBULANCE STATION—VIEW FROM WELFORD ROAD

Vehicles

Most of the ambulances are Commer chassis fitted with Wadham built bodies, and the sitting case cars are Ford "Pilots". Both have proved suitable for the type of work undertaken. Vehicles have now travelled an average of 36,000 miles and major overhauls will soon be necessary.

Vehicle Strength

The present vehicle strength is as follows :

17 Ambulances
10 Sitting Case Cars
1 Service Van
5 Civil Defence Ambulances
1 Mental Health Department—32-Seater Coach

34

Repairs

All maintenance and repairs to the vehicles are now done on the Station, with the exception of such major repairs as the actual reboring of cylinder blocks for which it would be uneconomic to get the special equipment necessary.

Special Sitting Case Vehicles

In 1950 because of the increasing number of out-patients carried, larger sitting-case vehicles became necessary, and orders were placed for one of each of two new types as replacements. The first is a sitting-case ambulance on a Commer chassis which can carry twelve sitting cases, eight sitting cases and one stretcher case, or four sitting cases and two stretcher cases. The other is a sitting-case car on a Morris Commercial 10 cwt. chassis which can take eight sitting cases, or four sitting cases and one stretcher case. The initial cost and running costs of this latter vehicle are low and it has more room, particularly headroom, than the proprietary bodies usually fitted to this type of chassis. Both vehicles have been found most useful.

When our present vehicles become due for replacement it is likely that we shall have fewer ordinary type sitting-case cars, and more like the small Morris.

Special Equipment :

Collapsible Carrying Chairs for Ambulances

Because of the difficulty of getting stretchers in many Leicester houses, and the unsuitability of household chairs for carrying patients,

I designed a tubular steel chair fitted with two rear wheels. The chair folds for easy storage, has been fitted to all ambulances, and has been found most useful.

Electrically Heated Premature Baby Cots

Two cots, electrically heated from a 24-volt supply and equipped with an oxygen supply, have been provided for taking premature babies to hospital. It is possible to regulate the temperature, which is controlled thermostatically.

Personnel

	Present Strength	*Establishment*
Station Officers	3	3
Male Driver/Attendants	57	59
Female Attendants	10	10
Mechanics	3	4
Telephonist	1	1
Canteen Assistant	1	1
Clerk	1	2
Typist	1	1
Boiler-Handyman	1	1
	78	82

Review of work of service during 1952 and trend compared with previous years

When the Local Health Authority first became responsible for the provision of ambulance transport other than for patients suffering from infectious diseases, the few ambulances belonging to the Authority could not cope with the increase in work, and agency arrangements were entered into with two voluntary bodies—the Leicester and County Convalescent Homes Society, and the St. John Ambulance Council. When more vehicles became available it was possible at the beginning of 1950 to discontinue the arrangement with the Leicester and County Convalescent Homes Society. The St. John Ambulance Council continue to do some work for the Authority.

From 1948 up to the end of 1949 there was a considerable increase in the amount of work undertaken. In 1950 due to improved administration and co-ordination of the service and to more patients travelling on long distance journeys by rail, although there was a substantial increase in calls, mileage travelling increased only slightly. This continued increase in work gave cause for concern at the time.

In 1951, compared with 1950, approximately eleven thousand fewer miles were travelled, although seven and a half thousand more calls

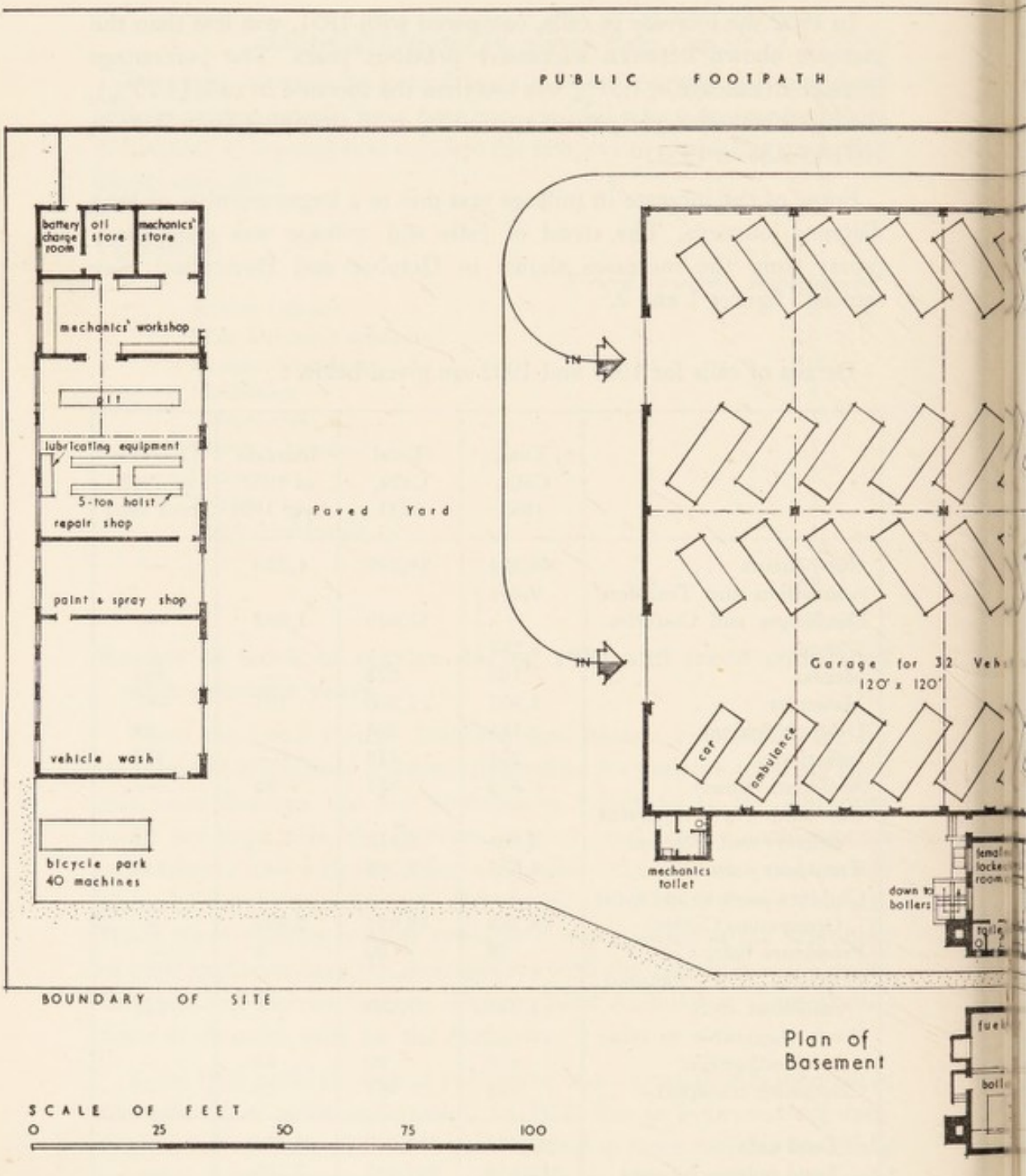
were made on the Service, i.e. a 2.8% decrease in mileage and an 8.5% increase in calls over the comparative figures for 1950, showing a welcome decrease in miles per call.

In 1952 the increase in calls, compared with 1951, was less than the increase shown between successive previous years. The percentage increase in mileage at 1.37% was less than the increase in calls (3.75%), the miles travelled per patient carried by road dropping from 3.96 in 1951 to 3.88 in 1952.

Some of the increase in mileage was due to a larger number of long distance journeys. The trend of calls and mileage was satisfactory (apart from the increases shown in October and December). See attached figures 1 and 2.

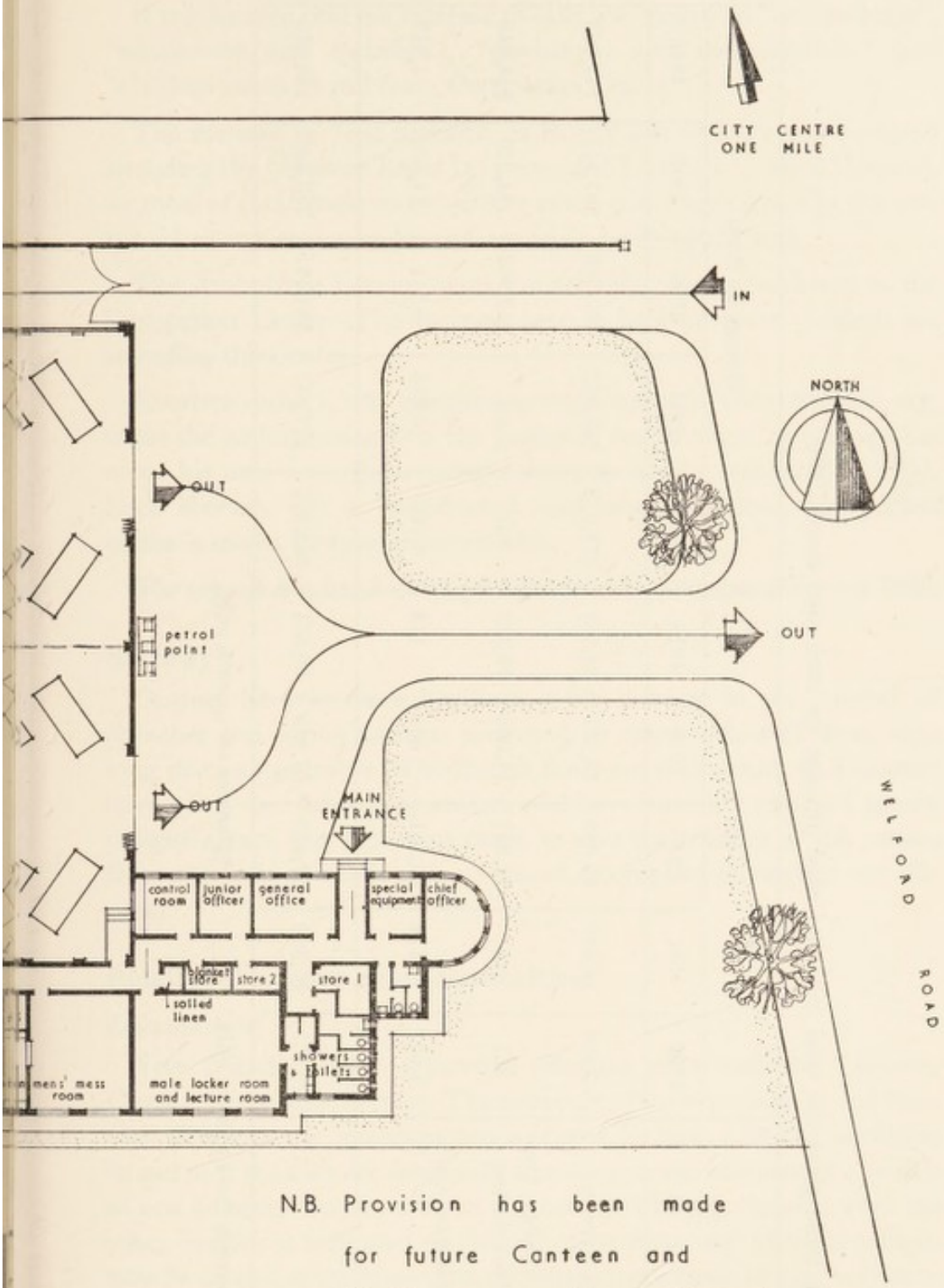
Details of calls for 1951 and 1952 are given below :

	Total Calls, 1952	Total Calls, 1951	Increase of 1952 over 1951	Decrease of 1952 from 1951
Out-patients	50,324	48,995	1,329	—
Admissions and Transfers	9,384			
Discharges and Convalescence	9,253	17,045	1,592	—
Mental	166	273	—	107
Maternity	1,907	1,800	107	—
Dead on Arrival ..	184	205	—	21
Infectious	261	416	—	155
Accidents (Road) ..	573	551	22	—
Gas and Air Apparatus delivery and returned ..	3,398	3,415	—	17
Transport journeys ..	1,615	2,799	—	1,184
Children taken to and from Occupation Centre ..	18,788	16,525	2,263	—
Premature Baby Cot ..	28	20	8	—
Abortive (not required, malicious, etc.) ..	1,338	1,456	—	118
Work chargeable to other local authorities ..	155	92	63	—
Chargeable transport ..	181	161	20	—
Total calls	98,875	95,300	3,675	—
Total mileage by road ..	382,810	377,647	5,163	—
Patients conveyed by train	103			
Number of miles travelled by train	14,628			



Plan of Basement

CITY OF LEICESTER • HEALTH COMMITTE



N.B. Provision has been made for future Canteen and Kitchens at First floor level.

AMBULANCE STATION • WELFORD ROAD

The following table gives the total calls and road mileage for each year since 1948.

	Calls					Mileage by Road				
	1952	1951	1950	1949	1948	1952	1951	1950	1949	1948
City Ambulance Service ..	97,198	90,882	83,682	55,651	28,161	376,012	366,982	367,768	287,941	147,765
Leicester and County Convalescent Homes Society..	nil	nil	*1,897	11,603	†8,322	nil	nil	*12,202	84,310	†44,888
St. John Ambulance Committee	1,677	4,418	2,351	609	178	6,798	10,665	8,511	11,599	4,217
Totals	98,875	95,300	87,930	67,863	36,661	382,810	377,647	388,481	383,850	196,870

*Denotes three months only. †Denotes six months only.

It will be seen that the increase in calls was mainly in "out-patients", "admissions and transfers", "discharges and convalescence" and "children taken to and from Occupation Centre".

The increase in "out-patients" is largely due to increased numbers attending the Leicester Royal Infirmary and Leicester General Hospital. As most of these patients are sitting cases, many are carried in our two special sitting-case vehicles and are fairly easily coped with.

The Ambulance Service mans the vehicles carrying children to the Occupation Centre. The increase here is because more children are attending the Centre.

Abortive calls (1,338) comprising malicious and "not required", e.g. when the ambulance arrives the patient is too ill to go, or perhaps has made his own way, show a slight decrease of 118 compared to 1951. Each abortive call is investigated, and when indicated, appropriate action is taken. Some are unavoidable.

The attached figure 3 shows the decrease in miles per call since 1948.

Railway

During the year there has been a big increase in the number of stretcher and sitting patients conveyed by trains. Most of these were long distance journeys. The British Railways Authorities in Leicester have given excellent co-operation, and have not only reserved special compartments, but in serious cases, to save the transfer of the patient from one train to another, have placed a complete carriage at our disposal.

Relationship with other Authorities

Leicestershire

Very friendly and co-operative relations exist with the Leicester County Ambulance Service. The transport of some patients to and from City Hospitals for convalescence is shared by both Services, accidents in and near the City are dealt with according to the nearness of a vehicle of one or other Service and, in the case of all long distance work the other Service is informed so that, if convenient, any of their patients may be carried at the same time. No charges are made by one Service to the other in respect of the above work. These reciprocal arrangements have resulted in a large saving in mileage, vehicles, and manpower.

Premature babies born at home in the area of Leicestershire near Leicester are, when necessary, taken to hospital in the heated cots carried in City ambulances, and a charge of 3s. 0d. per mile is made for this service.

Other Authorities

Charges to other Local Health Authorities

Following the failure of the A.M.C. and C.C.A. to agree on a new scale (A.M.C. letter dated 5/5/52), the Committee decided to charge County Boroughs according to the suggested A.M.C. scale, i.e. 2s. 9d. per mile for ambulances and 1s. 3d. for sitting-case cars, and to charge County Councils (apart from Leicestershire) the actual cost per mile of running our vehicles, i.e. ambulances 3s. 0d. a mile, and sitting-case cars 1s. 10d. a mile.

That the A.M.C. and C.C.A. could not reach agreement was unfortunate and meant that my Authority had to make individual agreements with all Authorities who carry Leicester City patients and for whom we sometimes carry patients.

Charges to Hospitals

A certain amount of transport work other than patients is undertaken for hospitals ; the charge for ambulances is 3s. 0d. per mile, and sitting-case cars 1s. 10d. per mile.

National Health Service (Amendment) Act, 1949, Section 29

In the case of most of the Local Authorities near Leicester we have reciprocal arrangements whereby if more convenient to both Authorities we let the other Authority move its own cases, and we move ours, i.e. contrary to the strict interpretation of the National Health Service Act, 1946, Section 27. In such cases we satisfy ourselves that necessary ambulance transport is provided. The aim is to have ambulances carrying patients both ways on medium and long distance trips. This can frequently be arranged by telephoning the other Authority beforehand, and in case of difficulty Section 27 of the principal Act remains useful, as the duty to remove the patient rests on the Authority in whose care the patient is. We have found other Local Health Authorities helpful and co-operative.

Hospitals

Difficulty has been experienced because of the lack of a full-time Ambulance Officer at the Leicester Royal Infirmary to carry out the duties given in Part 2 of Appendix I of Ministry of Health Circular 30/51. The present Ambulance Officer there is only part-time, his duties being the arrangement of long distance journeys and dealing with complaints as they arise. We think there would be a considerable saving if a full-time officer were employed.

Meetings have been held with the Officers of the Infirmary, and it is hoped that a whole-time Ambulance Officer will soon be appointed there.

Another difficulty at hospitals is that the ambulance personnel at the request of the hospital carry patients into and from the wards, although it is the hospital's responsibility to do so. This is time consuming and unnecessary in the case of the larger hospitals which can be expected to have an adequate staff of porters. It is hoped that the Leicester Royal Infirmary will be able to undertake this work within the next few months.

General Medical Practitioners

Relations regarding ambulance transport are good. Few complaints have had to be made or have been received. Usually they have been explained or settled by a short telephone conversation.

Working of Ambulance Service with other Local Health Authority Services

Vehicles

All Health Department vehicles including those of the Leicester District Nursing Association and that taking children to the Occupation Centre are serviced and maintained by Ambulance Service mechanics at the Ambulance Station, a charge being made.

The staff of the Ambulance Service also look after and transport the gas and air analgesia machines for domiciliary midwifery cases and the premature baby equipment for the care of premature babies at home, and convey midwives to cases of urgency in the absence of alternative transport between the hours of 8 p.m. and 8 a.m.

Civil Defence

Ambulance Section Training of part-time Civil Defence volunteers has been in progress for 15 months. The instruction of full-time personnel in basic Civil Defence training during duty hours began during the year. The Chief Ambulance Officer and two of the Junior Ambulance Officers have obtained the Home Office "Green Certificate" as Civil Defence instructors.

Petrol

Petrol from the two petrol pumps at the Ambulance Station is not only issued to Ambulance Service vehicles, but also to nine other

Corporation Departments, and to other local authorities' vehicles on long distance journeys.

Safe Driving Awards

All drivers are entered each year for the Royal Society for the Prevention of Accidents Safe Driving Award scheme. The Rt. Hon. Iain Macleod, Minister of Health, presented the awards for 1951, including one 18th year award, when he opened the new Ambulance Station.

Conclusion

The re-organization of the Service since 1948 has been a big undertaking, but now with an adequate staff of well-trained personnel, good vehicles with facilities to maintain them in good condition and repair, and a new Ambulance Station, we are obtaining the benefit.

It is gratifying to report that although thirty-one thousand more calls were made on the Service in 1952, as compared with 1949, the total mileage was less in 1952 than in 1949, indicating a more economical use of the ambulance transport.

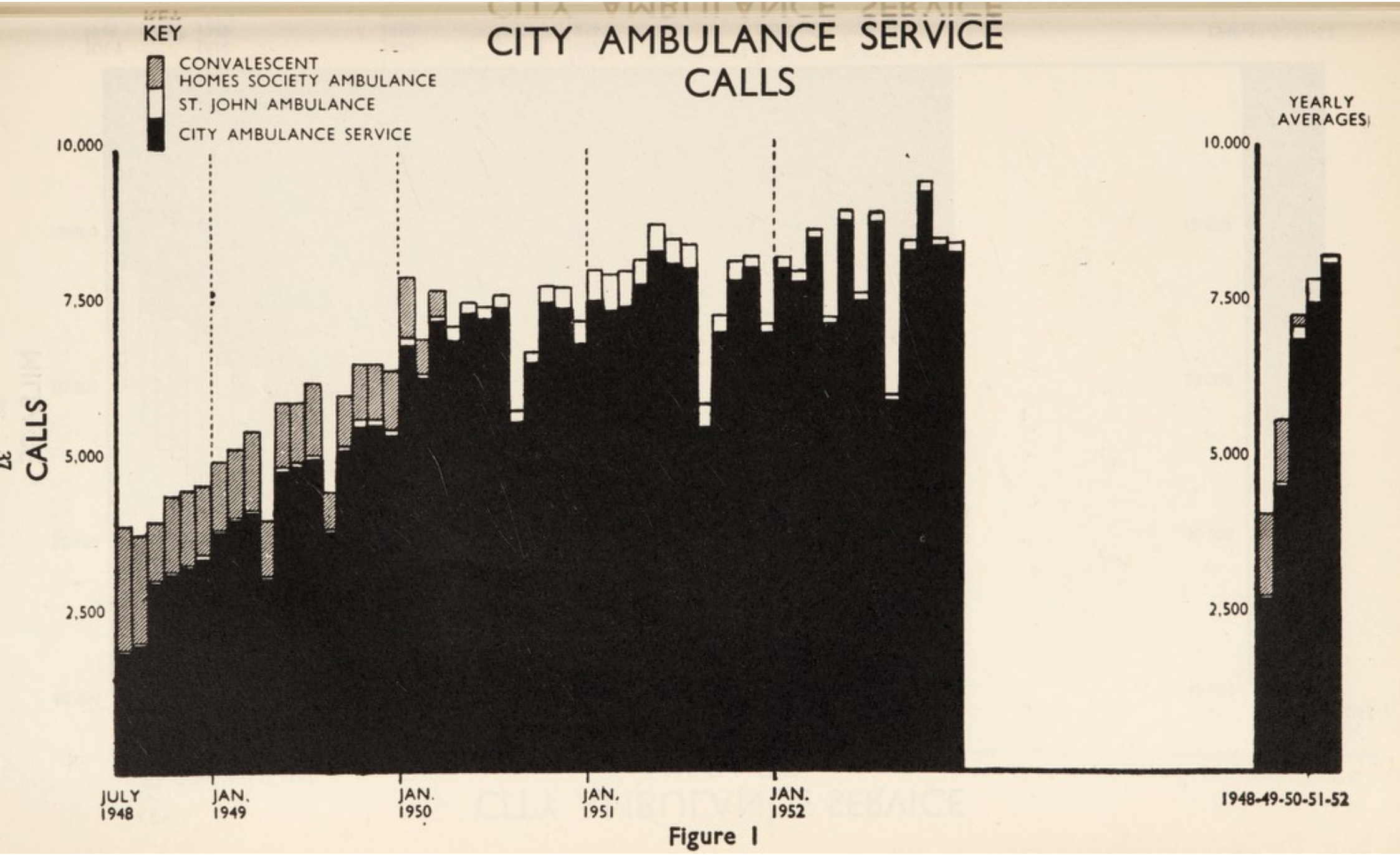

KEY
CONVALESCENT HOMES SOCIETY AMBULANCE
ST. JOHN AMBULANCE
CITY AMBULANCE SERVICE
CITY AMBULANCE SERVICE CALLS
YEARLY AVERAGES
CALLS
10,000
7,500
5,000
2,500
JULY 1948
JAN. 1949
JAN. 1950
JAN. 1951
JAN. 1952
1948-49-50-51-52

Figure 1

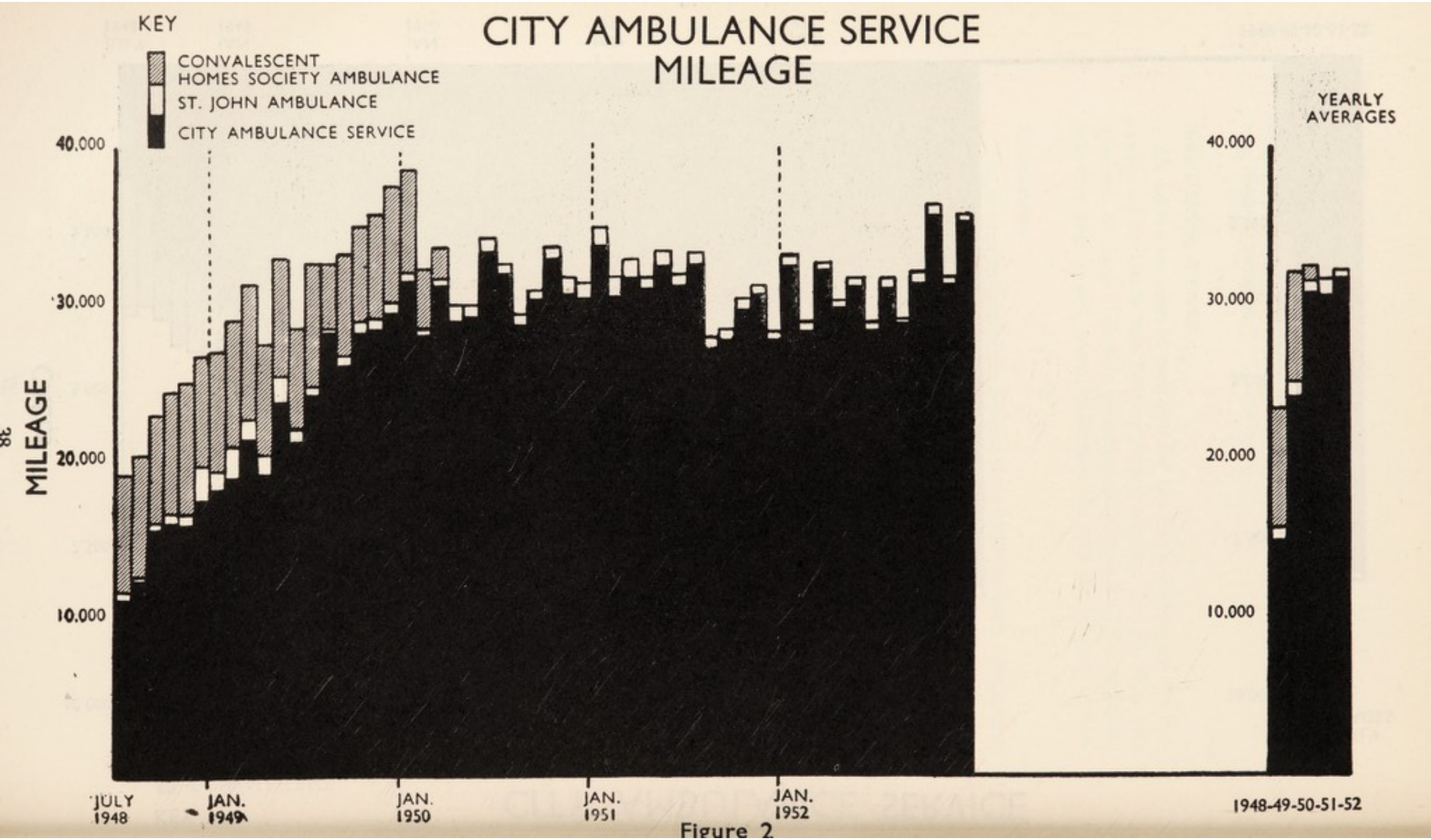

KEY
CONVALESCENT HOMES SOCIETY AMBULANCE
ST. JOHN AMBULANCE
CITY AMBULANCE SERVICE
CITY AMBULANCE SERVICE MILEAGE
YEARLY AVERAGES
MILEAGE
40,000
30,000
20,000
10,000
JULY 1948
JAN. 1949
JAN. 1950
JAN. 1951
JAN. 1952
1948-49-50-51-52

Figure 2

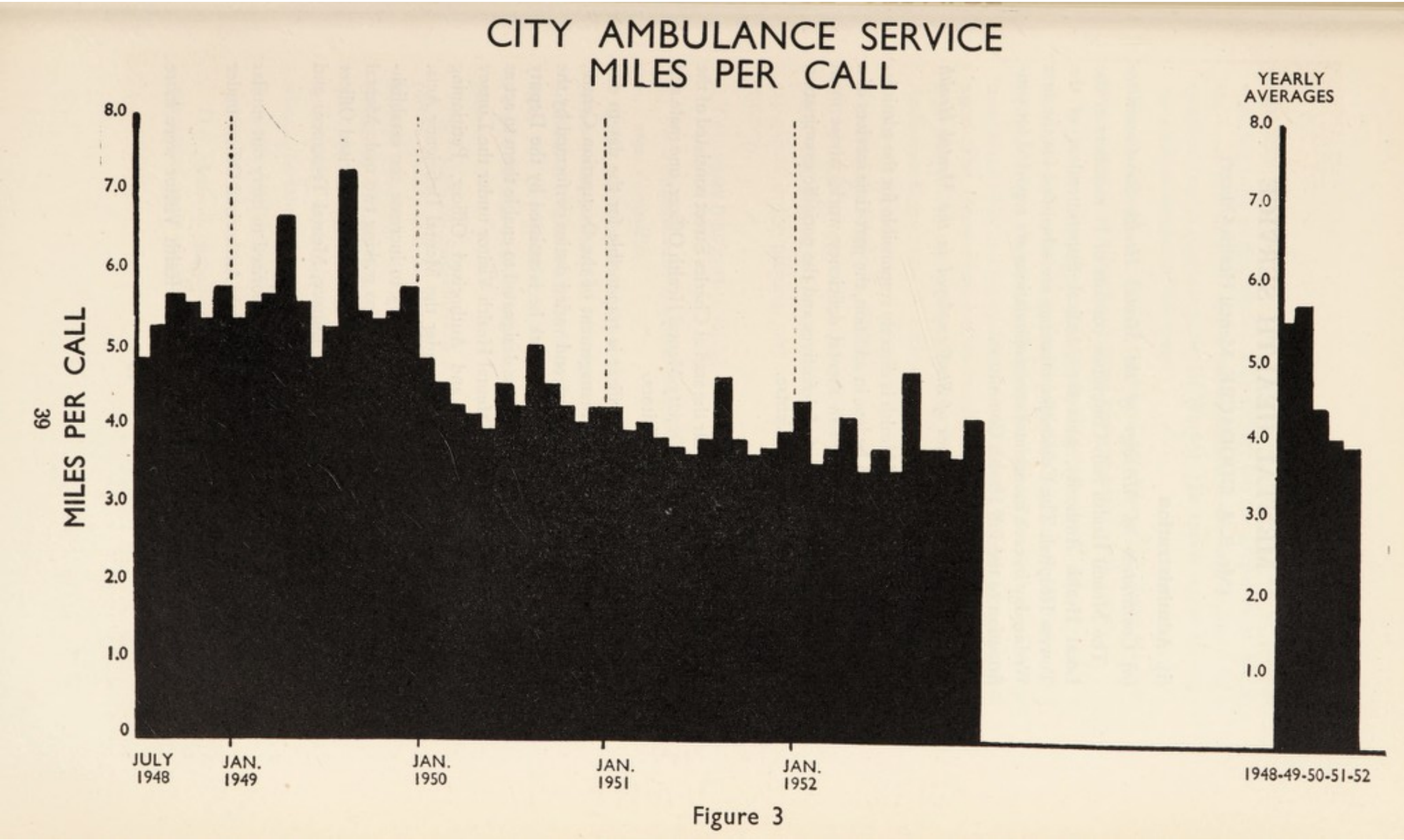

CITY AMBULANCE SERVICE
MILES PER CALL
MILES PER CALL
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0
JULY 1948
JAN. 1949
JAN. 1950
JAN. 1951
JAN. 1952
YEARLY AVERAGES
1948-49-50-51-52

Figure 3

MENTAL HEALTH SERVICE

(Mr. S. A. GOODACRE, Mental Health Officer)

(i). Administration

(a) Constitution of Meetings of the Mental Health Sub-Committee

The Mental Health Sub-Committee consists of 11 members of the Local Health Authority, plus the Medical Superintendent of the Towers Hospital. The Committee meetings are scheduled for the first Wednesday in each month and recommendations are reported for confirmation to the full Health Committee.

(b) Number and qualifications of Staff employed in the Mental Health Service

The Medical Officer of Health is directly responsible for the administration of the Service and he has, in addition, the part-time services of a Medical Officer experienced in mental deficiency work, whose main duties are the ascertainment of defectives and the periodic examination of pupils at the Occupation Centre.

Staff at Charles Street

At the beginning of the year the staff at Charles Street consisted of the Mental Health Officer, the Deputy Mental Health Officer, one male and two female Mental Health Visitors.

The Senior Mental Health Officer is responsible for the day to day administration, including the management of the Occupation Centre, and the co-ordination of the many and varied duties performed by the officers of the Department. In this work he is assisted by the Deputy Mental Health Officer, and both are designated to enable them to act as Duly Authorised Officer and Mental Health Visitor under the Lunacy and Mental Treatment Acts, and Authorised Officer, Petitioning Officer and Mental Health Visitor under the Mental Deficiency Acts.

During the year 1952 it was necessary to increase the establishment by one male Mental Health Visitor, so making two male Mental Health Visitors, who were both designated to act as Authorised Officer and Mental Health Visitor under the Lunacy, Mental Treatment and Mental Deficiency Acts.

One female Mental Health Visitor is authorised to carry out similar duties with the exception of those of the Duly Authorised Officer under the Lunacy and Mental Treatment Acts.

The duties of the other female Mental Health Visitor were more

especially concerned with the observation and after-care of persons suffering from mental illness. This Officer left the Department during the early part of 1952, and a few months later she was replaced by a qualified (male) Psychiatric Social Worker. His appointment has considerably strengthened the team.

To assist with the clerical work and administration of the Department, there is one shorthand typist and one junior clerk/typist.

It is with deep regret that the death of Mr. A. G. Murray, after a short illness, had to be reported on the 13th September. He had been a Mental Health Visitor and Duly Authorised Officer with the Department since 1948, and his quality and service were always to be depended upon. The Department lost an excellent officer and his colleagues, a true friend. For many years he was a Relieving Officer of the Public Assistance Department in Leicester.

Staff at Occupation Centre

The staff at the Occupation Centre consists of one Supervisor (N.A.M.H. Diploma) and three Assistant Supervisors, all with practical experience in the nursing, care and training of mentally handicapped children.

Two cooks (one part-time) are also employed.

(*c*) *Co-ordination with Regional Hospital Board and Hospital Management Committee*

Three members of the Mental Health Services Sub-Committee are members of the Hospital Management Committee which controls hospitalisation of the mentally ill and mentally deficient persons in the area. The Deputy Medical Officer of Health is a member of the Sub-Committee that deals in particular with the Mental Deficiency Institutions.

The Medical Superintendent of the Mental Deficiency Institution readily acts in an advisory capacity on problems within the Mental Deficiency field. A monthly clinic is held at the Mental Health Offices in Charles Street, where parents and their children are seen. The Mental Health Officer and Visitors find helpful advice readily forthcoming from this source. There are cases where doubt arises when ascertaining a mental defective and the Medical Superintendent is always ready to arbitrate and give expert knowledge when and where desired.

The Medical Superintendent of the Towers Hospital, already mentioned as a member of this Department's Mental Health Sub-

Committee, is also accessible, as are the other Consultant Psychiatrists and Medical staff of the Mental Hospital, to advise on problems arising in the field of mental illness.

A weekly case conference is held at the Towers Hospital to which this Department's Officers have access.

Overlapping of the Hospital Social Service Workers and those from this Department is reduced to a minimum by virtue of the close co-operation maintained. The tendency is always to remove the demarcation line of the respective fields and co-ordinate the work to a common aim.

The supervision of patients on trial from Mental Hospitals or on licence from Institutions for Mental Defectives is, in the main, carried out by Officers of the Hospital Management Committee.

(*d*) *Voluntary Associations*

The whole of the responsibility for After-Care is shared between Officers of the Mental Health Department and those employed by the Hospital Management Committee, and no duties are delegated to Voluntary Associations. Officers of the Department work closely with other social agencies, however, and a great deal of assistance is obtained from welfare workers of voluntary bodies.

(*e*) *Training of Mental Health Workers*

All members of the staff at the Office and Occupation Centre are aware of the benefit derived from lectures and group discussions, and no opportunities are lost to improve their knowledge of their own and other social workers' duties in the field. Few training Courses are available, but a keen interest is taken by the staff in their work. The Area Group of the Mental Health Workers' Association frequently arranges lectures, instructional talks and hospital visits, and the Department is always well represented on these occasions.

(ii) **Account of work undertaken in the Community**

(*a*) *Under Section* 28, *National Health Service Act*, 1946.
Prevention, Care and After-Care

In the initial stages of referral, all cases and the whole of the domiciliary work of the Department is carried out under this Section.

A total number of 993 persons were dealt with during 1952 who were either suffering from mental illness or mental defectiveness. 398 of these are explained more particularly in the section of this report

relating to Lunacy and Mental Treatment and 595 are dealt with by analysis in the section concerning Mental Deficiency. These figures compare with 854, 283 and 571 respectively for 1951, and there is thus some considerable increase in cases dealt with in all branches of the work of the Department.

(*b*) *Lunacy and Mental Treatment*

When the year commenced there were 95 persons receiving the attention of the Department either as observation or after-care cases. During the year a further 303 cases were referred, the 398 persons being dealt with as under :

How dealt with	1952	1951	1950
Sections 14, 15, 16 Lunacy Act, 1890 (Summary Reception Order) ..	146	129	114
Section 11 Lunacy Act, 1890 (Urgency Order)	17	15	14
Section 20 Lunacy Act, 1890 (three-day observation)	5	—	—
Section 1 Mental Treatment Act, 1930 (Voluntary)	18	16	11
Section 5 Mental Treatment Act, 1930 (Temporary)	3	4	8
Cases allowed to lapse after satisfactory preventive care, observation or after-care	121	24	56
Under observation or in need of after-care on 31st December, 1952	88	95	42
	398	283	245

The use of Sections 14, 15 and 16, shows a steady increase ; almost 40% of those dealt with under Summary Reception Orders concern senile patients. Apart from the elderly persons, some encouragement can be obtained from the decreasing length of time the average patient remains in hospital.

An important item of note arising out of the above analysis, is the first use by the Department of Section 20 of the Lunacy Act, 1890. This Section provides for the removal of a person alleged to be of unsound mind to a designated hospital for a period not exceeding three days. Such removal facilitates observation before a detention Order is made, and may be further extended by fourteen days should the Medical Officer of the designated hospital give the appropriate certificate under Section 21(a) of the Act. The Towers Hospital is the only hospital in the city so designated, however, and much greater use might be made of

this "three day observation" Section (reading the Act in the widest sense), if a non-mental hospital were so designated.

The five cases that were admitted under Section 20 during 1952 were dealt with as follows :

In one case the Order was extended by 14 days (Sec. 21a) and the patient was then Certified.

In one case the Order was extended by 14 days (Sec. 21a) and then the patient became a temporary patient.

In two cases the Order was extended by 14 days and they were then discharged.

In one case the Order was not extended, but the patient was discharged after the 3 days.

When these five cases were initially referred for action, the degree of mental illness in each was such that care and protection had to be provided immediately. Had not Section 20 been used, the patient would have either been certified (Summary Reception Order) at that time, or left at home. Use of this Section, as will be readily seen from the subsequent history of the five cases outlined above, provided not only immediate care, but a degree of protection for the patient against emergency, and possibly needless, certification.

The number of voluntary patients admitted may appear to be surprisingly small, but to arrive at a more true figure of those admitted to the Towers Hospital under this Section of the Mental Treatment Act, one would need to add over 300. The majority of such admissions are effected by the patients presenting themselves at the hospital alone or with a relative, and are not escorted by a Mental Health Officer. Some seek admission because of advice given to them by officers of the Department, but no record is maintained of fully co-operative would-be patients.

The number of cases which were allowed to lapse after satisfactory community care, show an increase on previous years for a variety of reasons, the most important one being the increase of public awareness and the institution of early enquiry before a mental illness has necessitated hospital care. This reason does not, however, account for the majority of the increased number, but may well do so in a few years to come. Another cause for this increase was by virtue of the fact that the majority of these were originally dealt with by one officer who left the Department and was replaced later in the year, and it is not always possible for a Social Worker to take over a case of mental ill-health where a previous worker left off, and where it was reasonably possible,

many such cases were allowed to lapse, after having been advised to seek the Department's assistance should they ever feel its need. The third reason may well be because of the increased efficiency of the Department's social team work, which should improve yet further with the passing of time.

The present Psychiatric Social Worker commenced his duties on the 14th September, 1952. At the time, a commencing case load of 60 patients suffering from psychiatric illness was passed to him for action. Since then 48 new cases have been referred. In the case of about 20 persons, it was found after visiting and contacts with their relatives, that no further active After-Care was required.

In the majority of cases, it is yet too early to give more than a tentative account of the work done and results achieved. The aim of the work in every case was to befriend people and help them to cope with their problems to the best of their ability. It was possible to obtain a greater degree of understanding on the part of their families, of the difficult personal attitudes to which patients were liable as a result of their illness. In cases in which illness had not caused a significant deterioration in the emotional and intellectual sphere, the aim was always to draw on the healthy resources of the patient in order to achieve a more satisfactory approach to his situation.

Patients in hospital were visited, and after their discharge support was given to help them to settle down. Under the present system of referrals, it was inevitable that the majority of patients had at one time been in-patients of Mental Hospitals. Due to the relatively brief period of service of the present worker, most of the contacts were made after the patient's discharge. About 20 people were referred from other social agencies, and a small number asked for advice themselves.

The problems dealt with ranged over the whole field of psychiatric illness. It included a small number of epileptics, alcoholics and organic cases such as disseminated sclerosis. The most frequent complaints were schizophrenias, hysterias and maniac-depressive illness. A considerable proportion of the patients were over the age of 65, and suffered to some degree from dementia or involutional complaints.

The social problems dealt with included employment, and here it was of great value to have the assistance and co-operation of the Disablement Resettlement Officers of the Ministry of Labour. In the case of old people living alone, the Home Help Service has been extremely helpful. Housing problems have been infrequent so far.

A factor of great significance has been the extent of social isolation in which many of the people were living. This is natural in the case of

some people suffering from an acute illness, but more often than not due to less irreversible factors. Loneliness and lack of recreational activities are unhealthy factors encouraging introspection and preoccupation with symptoms, and engendering a false sense of proportion. In this sphere, however, the individual Social Worker can do little except encourage people, and it would be desirable if facilities could be found for a social club especially catering for people suffering from psychiatric illness. At the time of writing, contact has been made with the group "Alcoholics Anonymous" which specialises in the treatment of drinkers. The group consists of ex-drinkers who have been able to go without alcohol as a result of their work with other alcoholics. It might be possible that a similar approach could be of value in the case of other psychiatric illnesses.

(*c*) *Under Mental Deficiency Acts*, 1913-1938

Analysis of cases dealt with during the year :

	Cases on Jan. 1st, 1952	*During Year*		*Cases on Dec. 31st, 1952*
		Additions	*Removals*	
Statutory Supervision ..	401	30	12	419
Voluntary Supervision ..	91	10	4	97
Guardianship	1	—	1	—
After-Care	27	4	4	27
Miscellaneous	17	3	1	19
Ascertainment pending ..	—	8	—	8
Found not to be defective..	—	3	3	—
Total (1952)	537	58	25	570
(1951)	(491)	(80)	(34)	(537)
(1950)	(490)	(70)	(69)	(491)

Of the cases referred during the year, 28 were referred by the Local Education Authority, 18 concerning ineducable children excluded from the provisions of the Education Act, and 10 were considered likely to need supervision after leaving school. The other 30 cases were referred from either the parents, the general practitioner, the Maternity and Child Welfare Department, the Children's Department, the Board of Control, the Home Office, the Towers Hospital, Rampton Hospital, the Isolation Hospital, the National Association of the Parents of Backward Children, the National Assistance Board, the Recorder, the Police or from Probation Officers.

Of the 25 cases removed from supervision lists during the year, 9 were admitted to Mental Deficiency Institutions. The majority of the remainder removed to the area of another authority, to whose Mental

Health Department each case was transferred. There were 5 deaths, and 3 referred cases were found not to be defective.

Waiting List for Institutional Care

There were 23 names on the waiting list for Institutional care at the beginning of the year, and because it is the policy of the Department to have on this list the bare minimum of names, i.e. whose need for hospital care is considered of some urgency, numerous removals and additions to the list were effected during the year as the degree of urgency lessened or increased. A name is not added to this list where care and control at home is in any way considered reasonable or where opposition from the patients would be likely to arise if hospital care were proposed.

Vacancies were secured and admissions made concerning 6 of those names on the waiting list during the year, but as the net increase of cases was also 6, there remained 23 names on this list for hospital care on December 31st.

In last year's report, mention was made of the Hospital Management Committee's excellent arrangement which allowed the hospital to accept the temporary admission of a child in order to relieve the parents of the continued strain of the care of a difficult defective.

It is an admirable step in these difficult times whilst there is such a shortage of beds for permanent care. By the use of these provisions, a breakdown in the health of a parent may well be avoided and urgent application for permanent care may not arise. Advantage has been taken of these provisions, and because of the good relationship and co-operation of the hospital officers and those of this Department, there has been no abuse of the "short term" facilities, and many parents have been grateful for the relief afforded them.

Training

The Occupation Centre remains housed in the premises leased from the Trustees of the Fosse Road Methodist Church, and provides not only for training of children excluded from school, but also has to serve as a Handicraft Centre for pupils over the age of 16 years. The training is especially suitable for these children, and if the response seems sometimes slow, ultimately the children benefit by their attendance.

Periodic examinations are made by a Medical Officer and emergency dental treatment is arranged. The School Health Service are always ready to be helpful and will see children at the School Clinic. A weekly visit is made to the Centre by a Health Visitor and every effort is made to ensure that the children have as much care and attention as is necessary.

The Centre is open during Primary School days and administratively follows, as closely as possible, the school arrangements made for normal children. The pupils attending are given a mid-morning beverage, usually $\frac{1}{3}$ pint of milk, and the main midday meal is provided, for which a part charge of 6d. a day is made. Transport to and from the Centre is provided by the Committee's own vehicle, a specially adapted 32-seater coach, which towards the end of the year had to be temporarily supplemented by an additional vehicle to provide for the coverage of the widening area caused by new housing estates. These vehicles are staffed by City Ambulance personnel and are serviced at the Ambulance Station.

The number of pupils on the register in January,					1950	= 30
,,	,,	,,	,,	,,	1951	= 51
,,	,,	,,	,,	,,	1952	= 64
,,	,,	,,	,,	December,	1952	= 73

There were no serious epidemics affecting the children and there were 10,223 actual attendances out of a maximum possible 13,200, or 77.6%.

Several unsuccessful attempts have been made to secure the services of a Home Teacher to commence Home Training for those children who are unable to attend the Centre because of mental or physical defect.

It will be seen from the figures given above that the number of the children attending the Centre has more than doubled during the past three years. The Trustees of the Methodist Church made available as much room as could be had in 1949 and they have been most helpful, but the accommodation is fully extended and the premises are not now sufficient to enable the staff to carry out their duties satisfactorily. There is not adequate accommodation to enable the pupils to be properly classed with those of similar abilities. Neither is there room to provide properly for the handicraft training of pupils over 16 years of age.

It is estimated that the number of pupils will be likely to be increased by a further 10 during 1953, but if more suitable premises were provided for an Occupation Centre, the number of pupils would be likely to be increased to 100, and if such premises were adequately designed so as to include Handicraft Training for over 16's, the estimated figure would be in the region of 120.

HOME NURSING SERVICE

(LEICESTER DISTRICT NURSING ASSOCIATION)

I am indebted to Miss A. Ratcliffe, Senior Superintendent of Home Nursing, for the following Report for 1952 :

Staff

On 31st December, 1952, the staff consisted of 38 full-time nurses (including Administrative Staff) and 16 part-time nurses.

Training

During the year 13 students completed training, ten for our own staff and three for other Authorities. All successfully passed the Queen's Roll Examination.

Work

The number of cases nursed during 1952 was 7,981 and the total number of visits paid was 136,586 (including 8,118 visits to 265 cases of tuberculosis). This is a total increase for the year of 1,008 cases and 2,896 visits.

Appointments

Miss A. Ratcliffe, S.R.N., S.C.M., Senior Superintendent of Home Nursing	Appointed 14.1.52
Miss E. O. Ashton, S.R.N., S.C.M., H.V., Superintendent of West End Home	Appointed 5.1.52
Miss E. M. Kelly, S.R.N., S.C.M., H.V., Assistant Superintendent of Belgrave Home	Appointed 21.7.52
Miss F. G. Markwell, S.R.N., S.C.M., H.V., Assistant Superintendent of West End Home	Appointed 1.11.52

General Arrangements of the Service

The Home Nursing Service is administered by the Leicester District Nursing Association Committee of Management, acting as Agents for the Leicester Corporation.

A Senior Superintendent is responsible for the nursing administration and a Secretary for the clerical administration respectively.

There are five homes in different parts of the City, one of which is a training centre for the Queen's Nurses.

The establishment is :

1 Senior Superintendent of Home Nursing
2 Superintendents (in charge of the two larger Homes)
3 Assistant Superintendents (one in charge of a Branch Home)
1 Senior Nurse (in charge of a small Branch Home)
30 District Nurses
8 Student Queen's Nurses

45 Total

Co-operation with General Practitioners

Co-operation with general practitioners is good, direct contact is made with the Home Superintendent and nursing staff. Cases for nursing are telephoned to the District Nursing Association by the Doctor, or messages are sent on special forms supplied by the Association. One Home Superintendent is a member of the Local Executive Council.

Liaison with Hospital

Specially printed forms are supplied by the Leicester District Nursing Association for use by hospitals when a patient is discharged. There was a decided decrease in number of patients transferred from the hospitals for home nursing treatment during the early part of 1952. Contact was made with the hospitals and there has since been a slight increase.

Senior Superintendent gives talks on the Home Nursing Service to student nurses at one of the large training schools.

Classification of Cases

5,311 Medical
1,609 Surgical
41 Notifiable diseases
265 Tuberculosis

Night Nursing Service

None at present date, but provision will be made in any future development plan.

Present service is from 8.30 a.m. to 10.30 p.m.

Refresher Courses

Application for these favourably received and staff encouraged to apply every five years.

Training Facilities

One Key Training Centre. Two courses annually. Lecture Course in main is combined with the existing Public Health Visitor Students Course.

Nursing Report

Details are given in the following Tables.

Nursing Report. January 1st to December 31st, 1952

Home	Number of Patients		Number of Visits		Average Staff*				Hours Worked	
	1952	1951	1952	1951	1952 FT.	1952 PT.	1951 FT.	1951 PT.	1952	1951
Central ..	3,110	2,742	51,711	53,322	12	1¼	13	2½	26,828½	26,576
Belgrave and Humberstone	2,062	1,735	35,326	36,341	8	2½	9	1¾	18,794	19,832
West End ..	2,017	1,715	36,939	32,115	8	2½	6	2½	20,320½	17,045
Aylestone ..	792	781	12,610	11,912	3	½	3	¼	6,838	6,645
Total ..	7,981	6,973	136,586	133,690	31	6¾	31	7	72,781	70,098

*Part-time nurses shown as equivalent to whole time.

PRINCIPAL ILLNESSES NURSED

Home	A1	A2	B	C	D	E	F	G	H	I	Total
Central	84	302	–	97	57	23	359	612	1,264	312	3,110
Belgrave & Humberstone	88	211	8	78	39	22	309	373	778	156	2,062
West End	70	200	–	75	27	15	261	320	782	267	2,017
Aylestone	23	52	–	30	12	9	143	117	352	54	792
Total, 1952	265	765	8	280	135	69	1,072	1,422	3,176	789	7,981
Total, 1951	277	699	52	307	164	43	1,017	1,422	2,228	764	6,973

T.B. Visits paid in 1952, 8,118 ; 1951, 7,879

A1 Tuberculosis
A2 Pneumonia and other chest complaints
B Influenza
C Cancer
D Insulin
E Complications of puerperium
F Dressings
G Chronic cases other than cancer
H Others
I Children under five

CARE AND AFTER-CARE, INCLUDING HEALTH EDUCATION

Sherwood Village Settlement

As reported in my last Report, in 1951 we sent our first settler to this Settlement. He remained there during 1952 and was joined by a second settler (L.S.C., aged 19 years).

Assistance to cases of Tuberculosis

The scheme for the provision of beds and bedding to necessitous cases of tuberculosis was continued, and 23 such cases were helped during the year.

In addition, free milk was supplied to 25 patients for varying periods during 1952 ; of these 21 were new and 4 were old patients.

Convalescence

1952

Number of applications	Sent to :			No action
	Roecliffe Manor	Hunstanton	Other Homes	
137 (102)	24 (19)	62 (40)	8 (9)	43 as follows : Refused to pay assessment .. 18 (17) Dealt with by Convalescent Homes Society 5 (5) Other reasons : Private arrangements, etc. .. 20 (12)

Health Education

Mr. C. R. Walker, Leicester's first Health Education Officer, resigned in September, 1952, and I am glad to thank him for the excellent work he put into this pioneer Department and to wish him all success in the future.

The following report has been prepared under difficulties, owing to Mr. Walker's resignation :

During the year progress was made in this important field, lectures were given, and films shown, to a considerable number of Groups and

Organizations, including film shows to an average of two Child Welfare Clinics each week. Health Education publicity continued, the display of Dr. Fosse cards in the Corporation buses remaining an important part of the programme, and Dr. Fosse blotters and calendars were widely distributed.

A poster display on Child Welfare was arranged at the Southfields Library in conjunction with one of the Library's Film Evenings, the speaker being Dr. Ross.

Following a letter from Dr. Elfed Thomas, the Director of Education, to all Head Teachers, suggesting they contact the Health Education Officer direct should they feel he could help them or their staffs in any way, several Headmasters approached him.

The School Exhibition Panels depicting the seven rules of health and designed for Secondary Modern Schools are now complete and are available for loan.

Mr. Walker attended a meeting of the Home Safety Committee at the Police Headquarters and was co-opted on to the Committee. The question of home accidents is very much a Health Education problem, and it is essential that there should be close liaison between the two Departments.

Assistance was given to Miss Sills of the Home Nursing Service in arranging a window display at the Youth Employment Bureau, Pocklington's Walk.

A number of students collected posters and leaflets for teaching practice, and two came for assistance in writing a thesis on Health Education.

The Ashby-de-la-Zouch Health Department borrowed material for an Exhibition in conjunction with a Clean Food Campaign. Apparently application for material had been made to the Ministry of Agriculture and Fisheries, who suggested that they also approach us for material, as we had previously staged a successful Exhibition here in Leicester.

On a request from the Medical Officer of Health of the Bedfordshire County Council, Mr. C. J. Guy, the Health Education Officer, paid a visit to the Department, mainly to see what we have done in Foot Health, in order to carry out a similar programme in Bedfordshire.

Foot Health Week and Exhibition, 16th to 21st June, 1952

The Exhibition was opened by the Lord Mayor, Alderman Geoffrey Barnett, J.P., who was accompanied by the Lady Mayoress. The attendance during the week was 2,471, and fourteen parties of school children totalling 309 visited the Exhibition. It was interesting to note

that the attendant in charge of the pedoscope, who was also in charge of the Exhibition in 1950, commented on the fact that the children this year were wearing more suitable and better footwear than in 1950. A competition was held for the best teenager's foot.

My thanks are due to all who helped with the exhibits and especially to Messrs. Whitby's, who generously lent their premises for the Exhibition, as they have for similar Exhibitions in the past.

Leicester Personal Health Association

A meeting was held between representatives of the Women's section of this Association and Officers of the Health Department, when it was agreed that it would be a great pity to allow this section to be disbanded. It was felt that Lectures could be arranged by the Health Department and that the newly formed body might be known as the "Dr. Fosse Guild". It is hoped to arrange a programme of lectures in the Autumn of 1953.

Food Hygiene

Miss D. O. Jones, Food Hygiene Inspector, who started work with the Department in 1950, resigned her appointment in December, 1952. Her resignation was received with considerable regret, and I would like to thank her most sincerely for the very great effort she made to make her work a success. It was a pioneer appointment and undoubtedly she achieved a high measure of improvement in the hygiene standards of the catering establishments in the City.

I am indebted to Miss Jones for the following report on her work during 1952 :

"During the year 1952, the caterers have again been making progress toward a higher standard of hygiene, and it has been possible to regrade a number of premises, although one or two establishments have had to be degraded due to a deterioration in their general condition.

Group C raised to Group B	6
Group B raised to Group A	18
Group A lowered to Group B	16
Group B lowered to Group C	6

A total of 962 visits was made during the year, of these 135 were initial visits. These premises were again classified into one of three groups until such time as a City standard could be compiled.

Visits	Cafés	Outside Catering	Staff Canteens	Clubs and Hostels	Small Shops	Lodging Houses	Mobile Cafés	Residential Hotels	Public Houses	Fried Fish Saloons	Total
Initial	9	2	15	48	2	–	3	1	46	9	135
Return	272	–	40	69	65	12	–	58	117	194	827
Total	281	2	55	117	67	12	3	59	163	203	962
Initial—Group A ..	2	–	9	17	2	–	2	1	30	4	67
Group B ..	7	2	6	31	–	–	1	–	16	5	68
Group C ..	–	–	–	–	–	–	–	–	–	–	–
Total	9	2	15	48	2	–	3	1	46	9	135

Of the catering establishments visited during 1951, the following closed of their own accord :

Public Houses	Cafés	Mobile Vans	Staff Canteens	Small Shops	Fried Fish Shops	Total
8	7	2	1	3	9	30

The shortage of staff in catering establishments is still a serious one—during the periods of slackness in the factories, more staff were available, but they could not be relied upon to arrive at work for more than a day or two at a time, which meant that the catering employer was continually training persons who would be of little assistance to him.

It appears, more and more, that to overcome this serious obstacle in the catering trade, the cleaners, kitchen porters, and unskilled catering workers, who seldom, if ever, receive tips from the customer, will have to receive higher wages in order to attract the responsible type of person into the job.

Again, the Sanitary Inspectorate have "paved the way" in making my work considerably more easy, and I would like to thank them for their kindness and support. It has been apparent during the year that money cannot be so freely spent upon alterations and improvements ; even so, the general condition of many poorly appointed establishments has improved greatly.

I am pleased to record that during the year, one or two caterers have kept their domestic pets out of the food preparation rooms, but I would like to see this adopted throughout the City, not only in catering establishments, but also in retail food establishments, etc.

The housewife is becoming more accustomed to buying food from under glass cases, but in some instances these are still misused for display purposes. I hope that it may not be too long before the housewife requests that her cooked meats, etc., shall be served from the refrigerator, and not be displayed in shop windows. I feel that the general public can do a great deal toward assisting the Health Department in their drive for higher standards in food establishments, for it is well known that a poor establishment losing trade will improve in order to compete with its neighbour.

External Visits

Approximately 82 external visits were made during the year in connection with my work.

A meeting was attended in which representatives of a firm manufacturing foodcases displayed some of their products to the Medical Officer of Health.

A Child Welfare Clinic was visited with the Health Education Officer in order to see the film "Behind the Menu", issued by the Canadian Educational Unit : although the film was good I felt that it did not contain the educational value of "Another Case of Poisoning" at present used by this Department.

Visits were made with the Deputy Medical Officer of Health to a number of public houses in the City in order to see various types of glass washing machines in operation.

A lecture was attended at the Bell Hotel, Humberstone Gate, when the Deputy Medical Officer addressed a meeting of the Industrial Catering Association.

A meeting was attended with the Deputy Medical Officer of Health and the Health Education Officer in which the Clean Food Booklet for Leicester was discussed with the Milne Publicity Agent.

The proposed formation of a Food Guild in Leicester was discussed with the Medical Officer of Health and the Chief Sanitary Inspector in order to decide whether or not this scheme would be practical in the City—I felt that a Guild for the various catering establishments would be welcomed, as many caterers have spent large sums of money on improvements to their premises, and they felt that a grading or award of some description would encourage both their staff and the general public to gain a higher standard of hygiene.

Lectures

29 lectures were given during the year, incorporating in many instances the showing of the films "Another Case of Poisoning" and "Fly about the House" prepared by the Central Office of Information for the Ministry of Health in conjunction with the Central Council for Health Education.

Establishment	*Attendance*
Leicester Domestic Science College (two lectures) .. (20 *persons at each lecture*)	20
Methodist Church, Southfields Drive—Mothers' Meeting..	22
Maternity and Child Welfare, Halford Street—Pupil Midwives	22
Civic Restaurant, Lee Street—Food Handlers	30
Messrs. Lewis's (Midland) Ltd.—Food Handlers (four lectures of two sessions each) .. .. .. (20 *persons at each lecture*)	20

Continued *Establishment*	*Attendance*
Maternity and Child Welfare, Halford Street—Home Helps	9
Leicester Nursing Division, 6 Seymour Street—S.J.A.B. members	12
Central Institute for Women, 1 Newarke Street—First Year Catering Course (four lectures) .. .. .. (13 *persons at each lecture*)	13
Maternity and Child Welfare, Halford Street—Home Helps	9
Central Institute for Women, 1 Newarke Street—Teaching Group	7
Little Theatre Clubroom, Dover Street—Food Handlers (Series of 12 lectures) .. .. (339 *persons over whole period*)	339

With regard to the latter series of lectures, there appeared to be a general apathy with regard to the attendance of food handlers at the lectures—from the number of food handlers in catering establishments in the City, we estimated an attendance of 100-130 persons at each lecture ; at four lectures the attendance was below 20, and the greatest number of persons attending at one lecture was 69. Letters, and latterly, invitation cards, were sent out by the Medical Officer of Health to the various establishments, and a number of replies were received in which it was stated that the staff either did not wish to attend, or that they could not be spared.

The following table shows the percentage attendance :

Number of establishments making 100% attendance ..	14
Number of establishments making 75% to 100% attendance	17
Number of establishments making 50% to 75% attendance	24
Number of establishments making 25% to 50% attendance	26
Number of establishments making under 25% attendance ..	13
Total number of establishments invited to attend ..	216
Number attended	94

Exhibitions

Hotel, Restaurant and Catering Exhibition, Olympia

A visit was made to the above Exhibition on Friday, 25th January, 1952, in order to gain information upon the latest equipment available for catering establishments.

There were 240 stands covering displays of every type of catering equipment, furnishings and fabrics, glassware, crockery, cutlery, food products, beverages, etc. In addition, various chemical firms displayed detergents for use in kitchens, and in hotel bars, besides many cleansing agents for general use.

There appeared to be little alteration in the previous year's designs. Delivery times will probably be delayed due to the steel situation, and I am afraid that prices will continue to rise beyond the means of the small caterer.

With regard to the automatic dish-washing machines, there appeared to be little to offer the small caterer with a limited amount of capital to spend, the prices ranging from £200-£400.

In the case of food slicing machines, it appeared that more thought had been given to the cleaning facilities of the component parts.

A firm manufacturing water heaters was displaying, for the first time, a steam-heated water boiler, giving boiling water outputs at relative steam pressures—one model would operate at any angle to within 45° of the vertical ; the price of the boilers ranges from £70 upwards.

During the Foot Health Exhibition held at Whitby's Showrooms, in Charles Street, I assisted the Health Education Officer both in preparation for, and during, the Exhibition.

The Home Life Exhibition held in the Granby Halls, was again visited, but there appeared to be little new that might help the small caterer.

Resignation

It was with regret that I tendered my resignation to the Medical Officer of Health to take effect from 20th December, 1952, and I would like to take the opportunity of expressing my sincere thanks to the Health Committee, Dr. Macdonald, and all other members of the Health Department for the encouragement and help that they gave me during my appointment as Food Hygiene Inspector, and I would also like to offer my congratulations and wish every success and as much happiness as I have had, to my successor.

I had the opportunity of studying Food Hygiene in Canada for six to eighteen months, and I felt that the experience could not be overlooked as there was much that I could learn with regard to method and approach in obtaining higher standards of hygiene in Catering Establishments."

VENEREAL DISEASE

In my last Report I commented on the very satisfactory improvement in the incidence of venereal disease. The following figures, which relate to 1952 are also satisfactory.

I am indebted to the Assistant Secretary at the Royal Infirmary for the following table of cases treated, etc.—the 1951 figures are in brackets.

Incidence of Venereal Disease and Allied Conditions in 1952

	Syphilis		Gonorrhoea		Other		Totals		
IN	M.	F.	M.	F.	M.	F.	M.	F.	Total
Number of cases under treatment or observation, 1st January, 1952	194 (213)	174 (176)	48 (45)	9 (28)	17 (14)	16 (9)	259 (272)	199 (213)	458 (485)
New patients during 1952 including inward transfers and returned cases	54 (76)	50 (57)	142 (133)	39 (29)	512 (495)	301 (332)	708 (704)	390 (418)	1,098 (1,122)
Totals	248 (289)	224 (233)	190 (178)	48 (57)	529 (509)	317 (341)	967 (976)	589 (631)	1,556 (1,607)
OUT									
Number discharged cured or needing no treatment	42 (48)	30 (36)	98 (84)	29 (37)	505 (489)	308 (325)	645 (621)	367 (398)	1,012 (1,019)
Defaulted	26 (27)	22 (18)	46 (30)	5 (9)	— (—)	— (—)	72 (57)	27 (27)	99 (84)
Died	5 (3)	1 (1)	— (—)	— (—)	— (—)	— (—)	5 (3)	1 (1)	6 (4)
Transferred ..	16 (18)	3 (4)	21 (16)	1 (2)	3 (2)	— (—)	40 (36)	4 (6)	44 (42)
Remaining at 31st Dec., 1952	159 (193)	168 (174)	25 (48)	13 (9)	21 (18)	9 (16)	205 (259)	190 (199)	395 (458)
Totals	248 (289)	224 (233)	190 (178)	48 (57)	529 (509)	317 (341)	967 (976)	589 (631)	1,556 (1,607)

NATIONAL ASSISTANCE ACT, 1948

SECTION 47

Three cases were referred to the Department during the year for consideration under this Section of the Act whereby a person who is "suffering from grave chronic disease, or being aged, infirm, or physically incapacitated, is living in insanitary conditions and is unable to devote to himself and is not receiving from other persons proper care and attention", can be placed in hospital.

They were all old people who, through no fault of their own, were living in dirt and squalor with no one to look after them. Two were referred by their general practitioners and one by the Welfare Officer.

In two cases visits by Home Helps were arranged. They were able to look after the old people, clean up their houses and generally improve things so that it was not necessary for them to go to hospital or an institution. The Home Help Service certainly proves its worth in this type of case, it being so much better both from the point of view of the patient and the community for them to remain at home, requiring help only for a few hours a week after the initial heavy work of cleaning the house is finished. In the other case, the position was explained to the relatives who arranged for someone to come in and look after the house. In no instance was it necessary to institute proceedings for compulsory removal.

HOUSING

New Housing

During the last five years the following houses have been built in Leicester.

	1948	1949	1950	1951	1952	Total
By Housing Committee ..	553	559	650	1,216	1,216	4,194
By private builders ..	207	190	224	179	232	1,032
Totals	760	749	874	1,395	1,448	5,226

The 1,216 houses built by the Corporation were on the following Estates :

New Parks	55
Evington House	12
Thurnby Lodge	50
Goodwood	323
Stocking Farm	306
Eyres Monsell	470
	1,216

Slum Clearance

A welcome beginning to the recommencement of Slum Clearance, as we knew it before the last World War, was made during the year.

In December, 1952, Area No. 111, the Lewin Street Area, was represented to and accepted by the Health Committee for Clearance. Subsequently it was found necessary to re-submit the Area as two Areas—the Lewin Street Area (No. 111), with 238 houses and one other building, and the Brunswick Street Area (No. 112) with 8 houses.

In addition, use began to be made of an old Local Act, the Leicester Improvement Drainage and Market Act, of 1868, and under Section 25 of the Regulations made under this Act, 38 individual houses were approved for closure in December, 1952.

This is in addition to procedure undertaken under Sections 11 and 13 of the Housing Act, 1936, under which 7 dwelling houses were ordered to be demolished and a further 12 were demolished.

HOUSING STATISTICS

For year ended 31st December, 1952

1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	7,063
(b) Number of inspections made for the purpose	12,177
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	2,220
(b) Number of inspections made for the purpose	5,471
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	67
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation	2,608

2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1,727

3.—Action under Statutory Powers.

A—*Proceedings under Sections* 9, 10 *and* 16 *of the Housing Act*, 1936 :	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	22
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	17
(b) By Local Authority in default of owners	—
B—*Proceedings under Public Health Acts* :	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	35
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners	27
(b) By Local Authority in default of owners	—
C—*Proceedings under Sections* 11 *and* 13 *of the Housing Act*, 1936 :	
(1) Number of dwelling houses in respect of which Demolition Orders were made	7
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	12
D—*Proceedings under Section* 12 *of the Housing Act*, 1936 :	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

The arrangement, started in 1951, continued whereby all Local Government Departments refer to the Medical Officer of Health, as Co-ordinating Officer, any child who is considered to come within the scope of the Joint Circular from the Home Office, Ministry of Health, and Ministry of Education on this subject, for him to see that the necessary action is taken, either by the Health or other Local Government Department, or by a voluntary organization if considered suitable. The case is referred to the departments concerned and appropriate progress or final reports are sent to the referring Department.

Towards the end of the year the Leicester Family Service Unit started work, being helped by a grant from the Corporation. The establishment of the Unit is to be welcomed, and although the interval to the end of 1952 was too short for it to show its value, its case workers will undoubtedly help in dealing with some of the problem families, among whom child neglect is so frequent. The co-ordinating work undertaken by the Health Department will assist in preventing overlapping between the Unit and other services, particularly the Home Help Service.

During the year 49 cases were referred to the Medical Officer of Health, as Co-ordinating Officer, compared with 52 in 1951. In addition, at the beginning of the year 14 cases, that had been reported in 1951, were being dealt with. On review of reports from interested Departments, of the total of 63 cases, we considered that neglect was present in 33. In 30 the children were thought not to be neglected.

The cases were reported to the Medical Officer of Health by the following officers :

Referred by	Neglected	Not neglected	Total
Chief Constable	11	2	13
Director of Education	7	4	11
Children's Officer	5	2	7
Medical Officers in Health or Education Departments	2	–	2
N.S.P.C.C.	6	6	12
Neighbour or relative	4	13	17
Child herself	–	1	1
Others	4	2	6
Totals	39	30	69

(*Note* :—Some cases were referred by more than one Department)

Neighbours complained in 17 cases. In only one of these (see below) was the complaint malicious, although in 4 others, the child was not considered to be neglected, and 5 were made on doubtful grounds. It is, of course, necessary to make enquiries in all cases, due discretion being used in dealing with the family concerned.

The reasons for referral or neglect were as follow :

Reason for Referral	Neglected	Not neglected	Total
Inadequate clothing, dirty or verminous	20	13	33
Mental cruelty, mainly leaving alone in house	5	4	9
Physical cruelty—beating, etc. ..	2	4	6
Parents quarrelling or mother left home	2	2	4
Moral danger	3	3	6
Illness of mother	1	–	1
Illness of child	–	3	3
Mental condition of mother ..	–	1	1
Totals	33	30	63

It is not always possible to give the cause of neglect, but in 6 the mother was mentally retarded, in 7 she was mentally unstable and in 9 she was a bad manager. In one case the mother had left the father of the child, and in another the father was frequently in prison, making things very difficult for the mother.

The cases were referred to the following departments, some cases being referred to more than one.

Maternity and Child Welfare ..	35
Sanitary Inspection	12
Mental Health	4
School Health	18
Children's	6
Housing	1
N.S.P.C.C.	13
Family Service Unit	5
None	1
	95

The action taken or final decision is given below.

Action taken by M.O.H or Final Decision	Neglected	Not neglected	Total
Health Visitor to supervise ..	10	20	30
Home Help Department to assist ..	2	–	2
Mental Health Officer to supervise..	1	1	2
Sanitary Inspection Department ..	1	1	2
School Health Service ..	–	2	2
To Children's Officer for action ..	3	1	4
N.S.P.C.C. for action	7	2	9
Family Service Unit	6	–	6
No further action	–	3	3
Moved out of area	3	–	3
Totals	33	30	63

It will be noted that the Home Help Department assisted two families. In addition, during the year, that Department dealt with many more problem families who did not have to be recorded under the co-ordinating arrangements, and, therefore, are not included in this report.

As stated in last year's report, the work of helping neglected children, many of whom are in problem families, is slow, time-consuming and laborious, and often the results are inconclusive. It is a matter of repeated visits to help and supervise. Such results as are achieved, however, are most worthwhile. It is important to try to keep the family together in the home, where necessary providing services such as a Home Help, supervision by Health Visitor or Family Service Unit, or in case of financial difficulties, helping them to obtain National Assistance. To keep the family together is very much better for the children and also shows a considerable saving to the community.

APPENDIX I

Report on the Chest Clinic for 1952

by

JAMES CUTHBERT, M.D., Ch.M., D.P.H., F.R.F.P.S.

On the first of April, 1952, we were fortunate in obtaining a 70 millimetre Odelca Camera Unit for use in the Chest Clinic. It is used, amongst other things, for the examination of contacts. In cases where there is an abnormality noted the patient is recalled for a clinical examination and a large film.

B.C.G. vaccination has been carried on throughout the year and we now average about 50 inoculations per month.

In December 1952 the new venture of X-raying the home contacts of tuberculin positive school entrants was started. The School Medical Authorities do the initial Mantoux testing and propaganda. The Health Visitors call at the homes of the positive reactors and send in a list of the other inmates of the house, on a simplified environmental form, to the Chest Clinic. These other inmates and the tuberculin positive case are offered a 70 millimetre chest film. This is a case-finding programme, and, in the short period of 6 months, is already proving its worth.

At the end of the year Mrs. Miriam Baldey was appointed by the Local Authority as a Diversional Therapist for cases of tuberculosis who are not in hospital. She commenced her duties on 1st January, 1953.

New Cases notified during 1952

Five hundred and fourteen new cases of Tuberculosis were notified in 1952, as compared with 489 in 1951—a total increase of 25. The pulmonary cases increased by 30 (473, as compared with 443), the non-pulmonary cases decreased by 5 (41, as compared with 46).

The following table gives the number of new cases since 1923 :

1923	..	Pulmonary,	692 ;	Non-pulmonary,	71 ;	Total,	763
1924	..	,,	725 ;	,,	65 ;	,,	790
1925	..	,,	606 ;	,,	77 ;	,,	683
1926	..	,,	650 ;	,,	77 ;	,,	727
1927	..	,,	700 ;	,,	80 ;	,,	780
1928	..	,,	668 ;	,,	117 ;	,,	785
1929	..	,,	657 ;	,,	77 ;	,,	734
1930	..	,,	582 ;	,,	66 ;	,,	648
1931	..	,,	511 ;	,,	61 ;	,,	572
1932	..	,,	442 ;	,,	69 ;	,,	511
1933	..	,,	438 ;	,,	74 ;	,,	512
1934	..	,,	331 ;	,,	72 ;	,,	403
1935*	..	,,	460 ;	,,	100 ;	,,	560
1936	..	,,	355 ;	,,	79 ;	,,	434
1937	..	,,	345 ;	,,	88 ;	,,	433
1938	..	,,	310 ;	,,	84 ;	,,	394
1939	..	,,	299 ;	,,	84 ;	,,	383
1940	..	,,	343 ;	,,	101 ;	,,	444
1941	..	,,	390 ;	,,	75 ;	,,	465
1942	..	,,	365 ;	,,	85 ;	,,	450
1943	..	,,	359 ;	,,	93 ;	,,	452
1944	..	,,	392 ;	,,	52 ;	,,	444
1945	..	,,	355 ;	,,	60 ;	,,	415
1946	..	,,	440 ;	,,	55 ;	,,	495
1947	...	,,	458 ;	,,	68 ;	,,	526
1948	..	,,	403 ;	,,	78 ;	,,	481
1949	..	,,	410 ;	,,	51 ;	,,	461
1950	..	,,	555 ;	,,	46 ;	,,	601
1951	..	,,	443 ;	,,	46 ;	,,	489
1952	..	,,	473 ;	,,	41 ;	,,	514

*City Boundary extended and population increased by 20,000. The figure given for 1935 included 139 pulmonary and 23 non-pulmonary taken over from the County.

The following table gives the sex and age periods of those notified during 1951 :

Age Periods	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
Pulmonary											
Males ..	7	12	9	26	33	64	36	34	31	18	270
Females ..	6	6	13	33	38	45	29	15	11	7	203
Non-pulmonary											
Males ..	3	1	—	3	4	1	4	1	4	—	21
Females ..	2	—	3	3	1	5	—	2	3	1	20

The following table gives the number of young adults notified in the age periods 15-19 and 20-24 during the past six years :

Ages.	**Pulmonary Tuberculosis in Young Adults** (Notifications) (15-24) during the past 6 years											
	1947		1948		1949		1950		1951		1952	
	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males	29	37	22	24	18	23	18	38	14	32	26	33
Females	39	42	24	42	37	41	43	55	36	46	33	38
Total	68	79	46	66	55	64	61	93	50	78	59	71
Total both sexes	147		112		119		154		128		130	

This table shows for the year 1952 there has been an increase of two young adults notified, as compared with 1951, and a decrease of 24, as compared with 1950.

DEATHS (*Local figures*)

Deaths due to Pulmonary Tuberculosis	96
Deaths due to non-Pulmonary Tuberculosis ..	6

The pulmonary deaths (96) are two less than in 1951. The non-pulmonary deaths (6) are one less than in 1951.

Place of Death.

Leicester Isolation Hospital and Chest Unit.. ..	22
Leicester General Hospital	4
Other Institutions	9
In patients' own homes	67
	102

Number of Deaths from Tuberculosis in Leicester in past years.

Year	Phthisis.		Other Tuberculous Diseases.		Total Tuberculous Deaths.	
	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1937	216	82	35	13	251	95
1938	174	66	21	8	195	74
1939	183	70	25	9	208	79
1940	200	77	34	13	234	90
1941	197	74	39	15	236	89
1942	166	64	37	14	203	78
1943	179	70	27	11	206	81
1944	175	68	20	8	195	76
1945	153	60	30	12	183	71
1946	162	60	26	10	188	70
1947	186	67	21	8	207	75
1948	167	60	20	7	187	67
1949	153	54	21	7	174	61
1950	134	47	7	2	141	49
1951	98	34	7	2	105	36
1952	96	33	6	2	102	35

The following tables give the Age, Sex Distribution and Occupation of those dying from Pulmonary Tuberculosis during 1952 :

Age and Sex Distribution of Deaths from Phthisis in 1952.

Age Period.	Males.	Females.	Total.
0—1	—	—	—
2—4	—	—	—
5—9	—	—	—
10—14	1	—	1
15—19	2	2	4
20—24	1	7	8
25—34	7	14	21
35—44	7	5	12
45—54	15	3	18
55—64	15	6	21
65 + ...	9	2	11
All ages ..	57	39	96

Occupations of Persons Dying from Phthisis in 1952.

	M.	F.		M.	F.
Shoe Trade:					
Heel Builders	1	—	Rubber Trade	3	—
Clickers	2	—	Painters	1	—
Labourers	1	—	Shop Assistants	—	1
Finishers	3	—	Canteen Workers	—	1
Lasters	3	—	Club Stewards	2	—
Pressmen	1	—	Milk Roundsmen	1	—
			Coalmen	2	—
Engineering Trade:			Clerks	—	1
Fitters	1	—	Printing Trade	3	—
Clerks	1	—	Building Trade	2	—
Turners	1	—	Various	17	—
Mechanics	2	—	Occupations not stated (includes married* women, widows, children and persons of no occupation)	3	34
Labourers	1	—			
Drillers	1	—			
Hosiery Trade*					
Mechanics	1	—			
Dyers	1	—			
Spinners	—	1			
Machinists	1	1	Grand Total	57	39
Knitters	2	—			

* A large number of *married* women are engaged in the Hosiery Trade, but these are not included, for in the case of deaths of married women and widows, only the husband's occupation is registered.

ANALYSIS OF DEATHS.

PULMONARY CASES HAVING HAD INSTITUTIONAL TREATMENT.

Stage when first examined		Died within one month of notification	Within three months	Within six months	Within twelve months	Within two years	Within three years	Within five years	Over five years
T.B. – ve cases	2	—	—	—	—	—	1	—	1
T.B. + ve Stage I	—	—	—	—	—	—	—	—	—
T.B. + ve Stage II	26	—	—	—	2	2	3	8	11
T.B. + ve Stage III	20	4	1	1	—	1	1	2	10
Total	48	4	1	1	2	3	5	10	22

PULMONARY CASES NOT HAVING HAD INSTITUTIONAL TREATMENT.

Stage when first examined	Died within one month of notification	Within three months	Within six months	Within twelve months	Within two years	Within three years	Within five years	Over five years
T.B. – ve cases .. 6	—	—	—	2	—	—	3	1
T.B. + ve Stage I .. 2	—	—	—	—	1	—	—	1
T.B. + ve Stage II .. 16	—	—	—	—	5	2	4	5
T.B. + ve Stage III .. 15	1	—	4	2	5	1	1	1
Total 39	1	—	4	4	11	3	8	8

PULMONARY CASES NOT EXAMINED AT OR IN CONNECTION WITH THE CHEST CLINIC.

TOTAL	Died within one month of notification	Within three months	Within six months	Within twelve months	Within two years	Within three years	Within five years	Over five years
3	1	—	1	1	—	—	—	—

These tables account for 90 deaths. In addition, there were 6 deaths of patients who had not been notified as suffering from tuberculosis. This gives a total of 96 pulmonary deaths.

Deaths from Pulmonary Tuberculosis in Children (0-14) During the past six years.

	1947			1948			1949			1950			1951			1952		
Ages.	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14
Males ..	2	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Females ..	1	–	–	–	–	1	2	–	–	–	–	–	–	–	–	–	–	–
Total ..	3	–	1	–	–	1	2	–	–	–	–	–	–	–	–	–	–	1
Total each year ..	4			1			2			–			–			1		

Deaths from Pulmonary Tuberculosis in Young Adults (15-24) during the past six years.

Ages.	1947		1948		1949		1950		1951		1952	
	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males ..	3	4	–	4	–	2	1	3	1	3	2	1
Females ..	6	15	8	7	5	10	3	5	1	3	2	7
Total ..	9	19	8	11	5	12	4	8	2	6	4	8
Total .. (each year)	28		19		17		12		8		12	

There has been an increase of four in the deaths from Pulmonary Tuberculosis in young adults in 1952 as compared with 1951.

Non-Pulmonary Tuberculosis Deaths (All Ages)

Renal	Spine	Meninges
1	1	4

Deaths from Tuberculous Meningitis in Children (0-14) during the past six years

	1947	1948	1949	1950	1951	1952
Males	1	3	7	–	2	1
Females ..	1	4	3	2	–	–
Total	2	7	10	2	2	1

The death of one child occurred from Meningitis, which is one less than in 1951.

Recovered Cases

During the past year the names of 130 patients were removed from the register as having "recovered". Of these, 111 were pulmonary and 19 non-pulmonary. Of the pulmonary cases, 35 had had tubercle bacilli in their sputum at some time.

VISITS

Visits paid by the Health Visitors	6,877
Visits paid by the District Nurses	8,118

Chest Clinic as the "Centre for Diagnosis"

Notes from General Practitioners in Leicester requesting an opinion on 3,212 patients were dealt with during the past twelve months.

Clinical Examinations

	Men	Women	Children	Total
First Examinations	893	650	405	1,948
Re-examinations	2,459	194,3	630	5,032

Contact Examinations

	1948	1949	1950	1951	1952
Number of contacts examined ..	721	498	1,700	2,406	2,454
Number found to have definite tuberculosis	21	17	43	32	28

Radiological Examinations

	1948	1949	1950	1951	1952
Radiological examinations carried out at Groby Road Sanatorium and at the Mass Radiography Unit	4,879	4,281	207	—	—
Radiological examinations carried out at the Chest Clinic..	—	—	11,647	15,146	14,941

Attendances

Total number of attendances	20,677

Analysis of Cases on Chest Clinic Register.

DIAGNOSIS	Pulmonary			Non-Pulmonary			Total			Grand Totals
	Men	Women	Children	Men	Women	Children	Men	Women	Children	
A. New Cases examined clinically and/or radiologically during the year excluding contacts:										
(*a*) Definitely T.B.	175	126	46	9	9	7	184	135	53	372
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	295	145	89	529
(*c*) Non-Tuberculous	—	—	—	—	—	—	976	977	422	2,375
B. New contacts examined during the year:										
(*a*) Definitely T.B.	5	15	8	—	—	—	5	15	8	28
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	18	30	21	69
(*c*) Non-Tuberculous	—	—	—	—	—	—	433	650	714	1,797
C. Cases written off Chest Clinic Register										
(*a*) Recovered ..	54	46	11	8	10	1	62	56	12	130
(*b*) Non-Tuberculous	—	—	—	—	—	—	1,707	1,847	1,234	4,788
D. Number of cases on Clinic Register on 31st December, 1952:										
(*a*) Definitely T.B.	1,023	911	190	77	82	46	1,100	993	236	2,329
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	321	179	111	611

1. Number of cases on Clinic Register on 1st January, 1952	2,823	2. Number of cases transferred in from other areas	75
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of"	118	4. Cases written off during the year as dead (all causes) ..	95
5. Number of attendances at Chest Clinic	20,677	6. "Lost sight of" cases returned	3
7. Number of films taken during the year	14,941	8. Number of visits by Health Visitors to homes for Clinic purposes	6,877
9. Number of persons receiving B.C.G. vaccine	622	10. Number of patients to whom beds and/or bedding have been loaned by the Local Health Department	28
11. Short-term hospital treatment cases	187	12. Number of patients who have received Streptomycin and P.A.S. outside the hospital during the year	201

LEICESTER AREA MASS RADIOGRAPHY UNIT

REPORT FOR 1952

The Mass Radiography Unit is responsible for the areas of Leicester, Leicestershire and Rutland.

In 1952 approximately five months were spent in the city. Special arrangements were made for the attendance of factory personnel, Corporation staffs, Teachers, Day Nursery staffs, Home Helps, Health visitors, University students and School children. In previous years, school children of the age of 14 years and over were X-rayed. It was decided, however, that in 1952 the facilities should be extended to include those children of 13 years and over. Although included in the statistics quoted in this report, a more detailed analysis can be found in the School Medical Officer's Report.

The response of the general public during the evening sessions has been remarkably good, and it is interesting to note that many of the public are making a regular visit to the Unit each year. But it is still felt that there are far too many people who have yet to pay a visit to the Unit for the first time. Special attention is being paid to this problem.

Statistical Details

	Males	*Females*	*Total*
Miniature X-rays taken ..	13,523	12,429	25,952
Large films taken	946	766	1,712
Patients examined by Medical Director	331	261	592
Referred to chest clinics ..	169	125	294
Referred to hospitals ..	73	60	133
Number remaining under observation 31st December ..	58	41	99
Tuberculosis : Active ..	41	26	67
Inactive ..	195	164	359
Neoplasm	7	2	9
Bronchiectasis	19	11	30
Pneumoconiosis	4	—	4
Cardiovascular lesions ..	49	57	106

25,952 X-rayed : 67 active cases, 0.26 per cent.

APPENDIX II

Report on Maternity and Child Welfare

for the year 1952

by

E. B. BERENICE HUMPHREYS, M.B., Ch.B. (Edin.)
Maternity and Child Welfare Medical Officer

STATISTICS

Birth-rate

There were 2,287 male births and 2,267 female births, a total of 4,554, giving a birth-rate of 15.9 per 1,000 population.

Of the total births (4,554), 256 were illegitimate (137 males and 119 females), giving an *illegitimate birth-rate* of 0.9.

Stillbirths

There were 88 stillbirths, 40 males and 48 females.

Infant Mortality Rate

Number of deaths in infants under one year	110
Corrected number of births	4,554
Infant death-rate	24.2

The rates for England and Wales and the Great Towns were 27.6 and 31.2 respectively.

From an analysis of the deaths, according to our local records, and not for comparison with the Registrar-General's figures, the following observations were made :

(1) Congenital malformations account for 22 of the deaths. The original enquiry concerning such malformations and virus infections, asked for by the Ministry of Health, has ceased and the conclusions of the enquiry have not yet been received.

(2) Prematurity accounted for 24 of the deaths and all, except two of these deaths occurred within the first week of life. Details of the premature infants will be found on page 84 of this report.

(3) Pneumonia accounted for 16 of the deaths and eight of them occurred after the age of three months.

(4) Violence accounted for 10 deaths. This figure includes three children who died from inattention at birth, three who died from asphyxiation due to aspiration of vomit, two who were accidentally suffocated while alone in a cot and two accidentally suffocated while in bed with parents.

(5) The small number of deaths, four, from diarrhœa continues to be a satisfactory feature of the infant mortality figures.

Maternal Mortality*

Number of deaths during the year		4
From Puerperal Sepsis	1	
From other accidents and diseases of pregnancy and parturition ..	3	
Total	4	

	1952	1951
Rate per 1,000 live and stillbirths ..	0.86	0.85
Puerperal Sepsis Rate	0.21	0.21
Figures for England and Wales :		
Maternal Mortality Rate		0.79
Puerperal Sepsis Rate		0.19

Concerning these deaths, the causes were :

(1) Spontaneous rupture of the uterus at the onset of labour
(2) Criminal abortion
(3) Pulmonary embolus, 10th day of puerperium
(4) Streptococcal peritonitis following abortion

*Local figures

TABLE 8. City of Leicester

INFANT MORTALITY DURING THE YEAR 1952

Net Deaths from stated Causes at various Ages under 1 year of Age.

(LOCAL FIGURES)

Cause of Death	Under 1 Wk.	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Mths.	4 to 6 Mths.	7 to 9 Mths.	10 to 12 Mths.	Total Deaths under 1 Year
All Causes Certified ..	48	10	4	1	63	23	5	9	10	110
Congenital Malformations ..	6	5	1	—	12	6	1	—	3	22
Birth Injuries	5	—	—	—	5	1	—	—	—	6
Atelectasis	5	—	—	—	5	—	—	—	—	5
Atrophy, Debility and Marasmus	—	—	—	—	—	—	—	—	—	—
Premature Births	22	2	—	—	24	—	—	—	—	24
Diarrhœa, etc.	—	—	—	—	—	1	—	2	1	4
Convulsions	—	—	—	—	—	—	—	1	—	1
Asphyxia Neonatorum ..	2	—	—	—	2	—	—	—	—	2
Icterus Neonatorum ..	—	—	—	—	—	—	—	—	—	—
Haemolytic Disease of the Newborn ..	2	—	—	—	2	—	—	—	—	2
Pemphigus Neonatorum ..	—	—	—	—	—	—	—	—	—	—
Tetanus „ ..	—	—	—	—	—	—	—	—	—	—
Rickets	—	—	—	—	—	—	—	—	—	—
Haemorrhagic Disease of the Newborn	2	—	—	—	2	—	—	—	—	2
Pink Disease	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ..	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis ..	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
Meningitis (*Not Tuberculous*)	—	—	—	—	—	—	—	—	2	2
Encephalitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	1	—	1	—	2	2	2	—	1	7
Pneumonia (all forms) ..	—	2	—	—	2	6	—	5	3	16
Syphilis	—	—	—	—	—	—	—	—	—	—
Intussusception	—	—	—	—	—	—	—	—	—	—
Heart Disease	—	—	—	—	—	—	1	—	—	1
Whooping Cough	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever ..	—	—	—	—	—	—	—	—	—	—
Ant. Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Violent Causes	3	1	1	—	5	4	1	—	—	10
Other Causes	—	—	1	1	2	3	—	1	—	6

Net Births in the Year { legitimate, 4,298 ; illegitimate, 256

Net Deaths in the Year of { legitimate infants, 94 ; illegitimate infants, 16

NATIONAL HEALTH SERVICE ACT, SECTION 22

CARE OF MOTHERS AND YOUNG CHILDREN

Health Visiting

(Corresponding figures for the previous year are shown in brackets)

Number of first visits to children under one year old ..	4,696	(5,834)
,, ,, revisits to children under one year old ..	17,017	(16,110)
,, ,, visits to children one to five years old ..	25,843	(25,280)
,, ,, visits to cases of Ophthalmia Neonatorum	16	(17)
,, ,, first visits to ante-natal cases	339	(362)
,, ,, other visits to ante-natal cases	155	(144)
,, ,, visits to tuberculous patients	6,264	(850)
,, ,, visits concerning adoption	—	(5)
,, ,, other visits (no access)	9,253	(7,191)
,, ,, other visits (not classified)	3,477	(2,581)
,, ,, visits concerning infant deaths and stillbirths	85	(60)
,, ,, visits concerning applications for maternity bed accommodation	1,181	(630)
,, ,, visits concerning applications for convalescent home accommodation	142	(100)
Totals	68,468	(58,164)

The figures show a general increase in the amount of work done, largely accounted for by the fact that, for most of the year, there were more Health Visitors on the staff.

Since the National Health Service Act, the Health Visitor has become the visitor to the family ; in addition to her care of the new-born, she is interested in the health of all the members of the household. It is therefore left to her to work out the degree of priority in her visiting ; sometimes she may have to devote much of her time to a family suffering from tuberculosis ; then some children neglected in their own homes may require constant supervision for a limited period ; meanwhile the needs of the Child Welfare Centre and the Ante-Natal Clinic in her district have to be met.

From the middle of February, in the year under review, it was possible to put into operation an innovation which had been the subject of many discussions with the various departments concerned. The services of a Health Visitor were made available to the Pædiatricians to accompany them during their ward rounds and at the Children's Out-Patients Clinics.

The ward rounds take place in two maternity units as well as in two General Hospitals.

Altogether a health visitor is present at five sessions each week and the arrangement has worked very well during the 10 months it has been in operation. The liaison between the hospital staff, medical and nursing, has been strengthened and the health visitor is able to impart to the hospital as well as to acquire for her colleagues, valuable information concerning children in hospital.

The liaison with the family doctor and the health visitor has also been a marked feature of the year's work. Many instances of direct contact, by telephone or in person, indicate the value to the family of these direct consultations.

It will thus be evident that the scope of the work of the Health Visitor is very much wider and her interests are more varied. It is not easy for the older health visitors to keep pace with this changing pattern; regular post-certificate courses of study are especially valuable to them, and it is commendable that they have accepted with enthusiasm the many changes that are taking place.

Attendance of Health Visitors at Clinic Sessions :

Child Welfare Centres	2,800
Ante-Natal Clinics	641
Birth Control Clinic	215
School Clinics (including Minor Ailments and Scabies)	2,257½
Diphtheria Immunisation and Vaccination Clinics ..	43
Chest Clinic	542½
Occupation Centre	45
Hospital Sessions	291
Deaf Clinic	37
Others	15
Total	6,887

Deafness in the Young Child

When the original work of Professor and Mrs. Ewing, of the Department for the Deaf, University of Manchester, with particular reference to the very young child, became known to the Medical Officer of Health, he asked the Committee to grant facilities to the members of his Senior Medical staff to acquaint themselves further with the subject by special visits to the "Ewing" Clinic and attendance at week-end Refresher Courses at the Department for the Deaf, University of Manchester. It was evident that much more could now be done in the matter of deafness and the young child.

It is very gratifying to report that following an approach to Professor Ewing, arrangements were made to establish a clinic in Leicester, under the personal supervision of Mrs. Ewing.

An inaugural meeting was held on the 25th September,when Professor and Mrs. Ewing met ear, nose and throat surgeons, pædiatricians and senior staff of the City and County Health Departments. The following day the first session of the new clinic was held. Two specially selected health visitors, together with the Headmaster of the Leicester School for the Deaf were initiated into the work by Professor and Mrs. Ewing. The clinic is held each week, with separate sessions for ascertainment and for guidance of parents.

By the end of the year under review, 12 children had been referred to the clinic.

The scope of the clinic is two-fold : (1) the ascertainment and assessment of defective hearing in infancy and early childhood and (2) the home training of the deaf child and guidance to parents.

Concerning the ascertainment and assessment, this is very specialised work and Mrs. Ewing paid visits at monthly intervals to assess new patients and initiate the workers at the clinic.

Concerning home training and guidance to parents, the workers paid a special visit to see the Guidance Clinic at Manchester University and were also supervised by Mrs. Ewing during her visits to the Leicester Clinic.

It was evident from the inception of the clinic that here was a pattern for future clinics, set in the framework of the Maternity and Child Welfare Department, and staffed by health visitors already experienced in their handling of young children and their approach to parents.

The addition of a trained teacher of the deaf is invaluable to the work of the clinic and Leicester is fortunate in having the services of the Headmaster of the School for the Deaf.

In the short period under review, a detailed account of the children attending the clinic is not included here but mention should be made that the Leicestershire and Northamptonshire local authorities are associated in this work.

While recognising the success of the workers at this new clinic, all of us associated with it would like to pay tribute to the great debt we owe to Professor and Mrs. Ewing. Especially do we acknowledge the wonderful inspiration derived from the personal visits of Mrs. Ewing, without whose expert and kindly interest, the establishment of this clinic would not have been possible.

PREMATURITY

All the items in this section refer to notified births after correction for transfers.

(1) Premature infants (i.e. 5½ lb. or less at birth, irrespective of period of gestation):

(*a*) Total number of premature live births in the area	289
(*b*) Number of premature live births at home	101
(*c*) Number of premature live births in private nursing homes	19

(2) Premature stillbirths (i.e. 5½ lb. or less, irrespective of period of gestation):

(*a*) Total number of premature stillbirths in the area	56
(*b*) Number of premature stillbirths at home	10
(*c*) Number of premature stillbirths in private nursing homes	3

Births at Home								Births in Private Nursing Homes						
	Premature Live Births								Premature Live Births					
	Nursed entirely at home								Nursed entirely in Nursing Homes					
Premature stillbirths	Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	Transferred to hospital	Birth weight	Premature stillbirths	Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	Transferred to hospital
1	–	–	–	–	–	1	2 lb. 3 oz. or less (1,000 gms. or less)	1	–	–	–	–	–	–
3	–	–	–	–	–	2	Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (1,001—1,500 gms.)	1	–	–	–	–	–	1
1	1	–	1	12	14	13	Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,501—2,000 gms.)	1	1	1	–	3	5	1
1	–	1	–	10	11	5	Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,001—2,250 gms.)	–	–	–	–	–	–	–
4	1	–	–	51	52	3	Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,251—2,500 gms.)	–	–	–	–	12	12	–
10	2	1	1	73	77	24	Totals	3	1	1	–	15	17	2

Ante-natal Clinics

The number of ante-natal attendances during the year 1952 was as follows :

(Corresponding figures, for the previous year are in brackets)

Clinic	No. of Sessions	ATTENDANCES			
		First Visits	Re-Visits	Total	Avg. per Session
Cort Crescent .. Tues.	49 (48)	160 (173)	882 (858)	1042 (1031)	21
13 Crescent Street .. Tues.	49 (48)	128 (140)	504 (585)	632 (725)	13
Causeway Lane .. Wed.	52 (50)	157 (169)	780 (867)	937 (1036)	18
Fri.	49 (50)	143 (142)	530 (626)	673 (768)	14
Belgrave Hall .. Mon.	49 (48)	189 (94)	626 (486)	815 (580)	17
Wed.	51 (51)	175 (171)	655 (693)	830 (864)	16
Newby Street .. a.m.	51 (51)	121 (121)	497 (441)	618 (562)	12
p.m.	51 (51)	151 (170)	633 (728)	784 (898)	15
St. Christopher's .. a.m.	49 (51)	86 (79)	411 (527)	497 (606)	10
p.m.	49 (51)	98 (100)	519 (688)	617 (788)	13
Braunstone Avenue ..	49 (48)	162 (104)	554 (440)	716 (544)	15
Aikman Avenue	49 (47)	229 (184)	1151 (992)	1380 (1176)	28
Totals	597 (594)	1799 (1647)	7742 (7931)	9541 (9578)	16

The total figures for the year show so very little variation from those of the previous year that it is safe to assume that the attendances at ante-natal clinics have stabilised. It is a matter for regret that on certain new housing estates, Thurnby Lodge, Goodwood, Stocking Farm and Eyres Monsell, the expectant mothers have very long journeys to existing clinics.

Premature Infants

Circular 20/44 of the Ministry of Health, dated 22nd March, 1944

In accordance with the above Circular, detailed information is now obtained concerning any infant whose birth weight is 5½ lb. or less.

There were 289 premature births belonging to the City during 1952. Of these, 101 were born at home and 19 in private nursing homes. The remaining 169 were born in hospital.

A detailed follow-up of the premature infants born at home or in a private nursing home is undertaken and on page 84 is a tabulated statement of the condition of such infants up to the 28th day after birth.

In the Table, there are 24 infants who were born at home and transferred to hospital and of these 13 survived up to the 28th day after birth. Two premature infants transferred from private nursing homes to hospital also survived to the 28th day.

Of the 77 children who were born at home and remained at home, 73 survived to the 28th day. It is a tribute to the resourcefulness and care for these infants given by the midwives that there were only four deaths. The Premature Infant Unit at the Leicester General Hospital has not been able to meet the demands made upon it and midwives have fallen back upon improvised arrangements at home in the absence of the special equipment for the home care of premature infants.

There were further delays in supplying the special equipment which should be available for premature infants remaining at home but, with the completion of the City Ambulance Station, space has been made available for the storage of such equipment, which includes six Sorrento cots. It is hoped that the equipment will be in full use before another winter and each midwife who requires it will be given an opportunity to undertake duties for not more than four weeks at the Premature Infant Unit at the General Hospital in the city.

Concerning the 169 children born in hospital, 155 survived to the 28th day.

OPHTHALMIA NEONATORUM, 1952

Cases notified during year	7
Visited by Health Visitors	7
Removed to hospital	–
Treated in hospital	4
Result of Treatment :	
Vision unimpaired	7
,, impaired	–
,, lost	–
Still under treatment at end of year ..	–
Patients died	–
Removed from district	–
	–
Total	7
	–

Birth Control Clinic

The following figures refer to the year 1952 :

	City	*County*	*Total*
Number of patients who sought advice ..	262	123	385
Number of patients who were accepted for advice	253	121	374
Number of patients who were refused advice	9	2	11

Concerning the 374 women accepted for advice, the following are the medical reasons for which the advice was given.

	City	*County*	*Total*
Husband :			
Active Tuberculosis	3	4	7
Other diseases	2	–	2
Children :			
Congenital defect	2	1	3
Patient :			
Nervous debility	42	11	53
General debility	124	54	178
Pulmonary Tuberculosis	13	14	27
Heart disease	4	4	8
Kidney trouble	1	2	3
Toxaemia of pregnancy	11	4	15
Obstetric complications	28	21	49
Gynaecological conditions	4	1	5
Various other conditions	19	5	24

Cases in which advice was refused

Advice was refused to 11 women (nine City and two County). In seven of the women there were no medical grounds, three were found to be pregnant and one woman was advised re sterility.

Schools for Mothers and Child Welfare Centres

Attendances by doctors at the centres was not as well maintained during the year under review.

A part-time medical officer who had been available in all emergencies undertook regular sessions in the School Health Service and two other part-time medical officers did not happen to be as available as previously during the school closure period when the medical staff take their own annual leave.

There were no new clinic sessions opened during the year and it is a matter for regret that plans to bring the service to new housing estates have not yet materialised. The absence of suitable accommodation makes it impossible to hold clinic sessions on Stocking Farm, Thurnby Lodge, Goodwood and Eyres Monsell Estates.

(Corresponding figures for the previous year in brackets)

Number of Infant Welfare Centres		26		(26)
Number of Medical Weekly Sessions		28		(28)
Number of Sessions held ..		1,390		(1,388)
Total attendances of Mothers		58,309		(60,926)
Total attendances of Children:				
Under one year old ..	46,712	66,907	(48,185)	(69,176)
Over one year old	20,195		(20,991)	

First visits of Children :				
Under one year old ..	3,600	4,274	(3,831)	(4,517)
Over one year old	674		(686)	
Number of children attending who at the end of the year were :				
Under one year old ..	2,767	6,043	(2,917)	(5,353)
Over one year old	3,276		(2,436)	
Number of sessions at which a doctor was present ..		1,305		(1,371)
Number of children seen by a doctor		23,394		(26,715)

The average number of children seen by a doctor at each session is 17.9.

Promotion of Cleanliness and Good Habits and the Elimination of Verminous Conditions. (Circular 2,831 of the Ministry of Health, dated July, 1943)

Ascertainment

The method and classification, as previously described, remain unchanged.

The number of children under five years of age known to the Department to be persistently verminous during the year under review was 11, and, as previously, they belonged to families where the mother was not unduly concerned about the presence of head lice.

Method of Cleansing

In the small number of children requiring cleaning, members of the staff, including the Home Help Service, have assisted the mothers to achieve the desired results.

Treatment at Clinics

Despite the fact that certain treatment centres have passed, for administration purposes, to the Regional Hospital Board, there has been so little disturbance of personnel that mothers and children are scarcely aware of any alteration.

Artificial Sunlight

The number of children referred to the clinic was 195, as against 223 for the previous year.

The number of children who completed treatment was as follows :

	Good Results		*Fair or Unchanged*		*Total*
Infants :	*Boys*	*Girls*	*Boys*	*Girls*	
Rickets	6	4	—	—	10
Poor general condition ..	20	17	1	3	41
Anorexia	4	10	—	1	15
Respiratory Catarrh ..	13	5	2	1	21
Skin Infections	2	2	—	—	4
Various	1	1	—	—	2
Alopecia	1	1	—	—	2
Totals	47	40	3	5	95

Orthopaedic Clinic. No change.

Other Clinics

There were 93 children under five years of age admitted to the Ear, Nose and Throat Clinic, 104 to the Eye Clinic, and 270 to the Skin and Minor Ailments Clinic.

Day Nurseries

The administrative staff remains as previously reported.

(1) There were no new Nurseries opened during the year under review.

(2) The Training Course for the Certificate of the National Nursery Nurses' Examination Board provides vacancies for 80 students, in any one year. The number of applicants is in excess of the number of places and careful selection is undertaken.

(3) Attendances at each Day Nursery are detailed below :

Day Nursery	*Attendances*	*Daily Average*
St. Martin's	13,087	53.6
Glen Street	11,963	49.0
Fosse Road	6,865	28.1
Fairway	8,920	36.5
New Walk	7,167	29.4
College Street	7,868	32.2
Bradgate Street	9,286	38.0
Belgrave House	12,395	50.8
Bedford Street	11,811	48.4
Sparkenhoe Street	12,648	51.8
Braunstone Park	11,530	47.0
Frank Street	12,251	50.2
Number of children on the register		628
Number of approved places		575
Average attendance in 1952		515.5

From the above figures it will be seen that the attendances were not up to capacity. Allowance must be made for the fact that the Day Nurseries are closed at Bank Holiday times only during the day that the factories are also closed, but during the whole of these weeks there is a marked drop in the attendances. Also during holiday periods, the attendances are affected by the fact that the older school children care for the younger children as a temporary measure.

Concerning Day Nursery vacancies, there are waiting lists at all nurseries; no name is added to the list until a Health Visitor has investigated and submitted an independent report on the need for a Day Nursery vacancy. This ensures that the original vacancy is justly awarded but it is difficult always to be up-to-date with the changing circumstances of the children who are attending the nurseries.

Nurseries and Child Minders Regulation Act, 1948

Of the Industrial Nurseries registered in 1948, two continued to function and are supervised regularly from this Department. In addition, there is a play-group which is registered under these Regulations.

Concerning daily minders, the actual number of persons registered is 10.

The Care of Illegitimate Children
Circular 2866 of the Ministry of Health, dated October, 1943

In accordance with the provisions of the above Circular, a scheme has been in operation since 1st April, 1944, in collaboration with the Diocesan Moral Welfare Association.

Full details were given in the 1944 report.

Analysis of the work done during 1952 is as follows:

Number of illegitimate births notified to the Moral Welfare Association	270
Number of children born elsewhere and brought as infants to the City	9
Number of mothers sent to Homes or Hostels before confinement	20
Number of expected births notified but mother married before child was born	2
Number of expected births referred, but mother left the City before the child was born	2
Total	303

1. At present living with mother in her home	20	
2. At present living with mother in lodgings	5	
3. At present living with mother and putative father	4	29

Mothers in these three categories have been helped in various ways, including :

Advised re confinement	3
Advised re affiliation	11
Court Orders made	2
Advised re adoption	6
Advised re employment	1
Provided with some baby clothes	4
Temporary vacancy procured for baby in Residential Nursery	1
Residential post procured	1
	29

4. Mothers sent to Maternity Homes and Hostels	21

(20 before confinement and one after)

The fees in the above cases have been paid as follows :

By City Health Department and insurances	9
By City Health Department, insurances and putative father (of these, the City Health Department paid entirely for one mother and baby for a Hostel for six weeks)	4
By City Health Department, insurances, putative father and parents	1
By City Health Department and parents	1
By insurances, putative father and parents	1
By insurances and parents	3
By insurances and from savings	1
By putative father	1
	21

Of the above cases, the following details are recorded :

Children placed with prospective adopters	7
Children returned with mother to her home	3
Children living with mother in lodgings	3
Child with mother in residential post	1
Children temporarily in residential nursery (one with view to adoption)	3
Child still with mother in Mother and Baby Home	1
Child in hostel with mother	1
Baby died	1
Returned with mother to Germany	1
	21

5. **Foster Home.** Child supported by mother in foster home			1
6. **Adoption.** Arranged by Leicester and Leicestershire Adoption Society	2		
Arranged privately by parents	2		
Arranged by Children's Officer	1		
		—	5
7. **Institutions.** Children admitted to care of Children's Officer			4
8. **Transferred** to other Welfare Officers on leaving district..			1
9. **Returned** to Germany before child's birth			1
10. **Children** died soon after birth			10
11. **Residential Nursery.** Child admitted for temporary period			12
12. **Mother married.** Before child's birth, 2; after child's birth, 3			5
13. **County cases.** Birth occurred in city, but mother's home address in county			43
14. **Left district.** Before birth, 1; after birth, 4			5
15. **Health Visitor** reports "No help required at present" ..			166
			303

In the above there are 93 cases where the parents are cohabiting.

The Moral Welfare Workers dealt with 74 cases of children born before 1952.

Grants from voluntary societies have been administered on behalf of 12 children during the year.

Adoption of Children (Regulation) Act, 1939

The Leicester Diocesan Moral Welfare Association continues as the Registered Adoption Society for the City and County.

Details of the work of the Society during 1952 are as follow:

Number of applications from persons wishing to adopt a child	49
Number of children offered to the Society with a view to adoption	53
Number of children taken into Hostels under the direct control of the Society pending adoption	Nil
Number of children placed by the Society pending adoption in Foster Homes or Hostels not under the direct control of the Society	9
Number of children placed with a view to adoption ..	40
Number of adoption orders made in respect of children placed by the Society	42
Number of children placed for adoption by the Society and awaiting adoption orders at the end of the year	18
Number of children in Hostels under the direct control of the Society at the end of the year	Nil
Number of Children at the end of the year in Foster Homes or in Hostels in which they had been placed by the Society but which are not under the Society's direct control ..	2

NATIONAL HEALTH SERVICE ACT, SECTION 23

MIDWIFERY

Midwives

During the year 1952, 127 midwives notified their intention to practise. Of these, 30 were municipal midwives, 12 were midwives in independent practice and the remaining 85 were practising in maternity hospitals and maternity homes.

THE MUNICIPAL MIDWIFERY SERVICE

SUMMARY OF WORK DONE BY MUNICIPAL MIDWIVES

Area	No. of Midwives	Cases Attended	Gas and Air Administered	VISITS		
				Post-Natal	Ante-Natal	Total
1	4	204	177	3,109	1,010	4,119
2	4	299	272	5,220	1,712	6,932
3	5	378	341	8,094	3,752	11,846
4	3	162	129	2,860	896	3,756
5	4	286	237	4,964	1,667	6,631
6	4	323	259	5,481	1,061	6,542
7	2	158	130	2,742	621	3,363
8	1	79	72	1,230	377	1,607
Totals 27		1,889	1,617	33,700	11,096	44,796

The establishment figure for municipal midwives is 28.

The number of patients attended by municipal midwives in 1952 was 1,889, that is 28 fewer than in the previous year, but owing to staff shortages, municipal midwives had an average case load of 75.5, as compared with 73 in the previous year.

Up to April 1st there were 26 midwives on the staff, and two vacancies. Subsequently, four midwives left the Service for appointments in other parts of the country, two midwives had long periods of leave, one following an accident and the other was granted maternity leave. The acute shortage of staff was substantially met by the employment of three part-time midwives to undertake post-natal duties, thus leaving the

permanent staff available to attend confinements. Eventually, the situation was eased by the appointment of four new midwives, three of whom took up their duties before the end of the year. But the services of part-time midwives, as required, continue to be essential for the maintaining of the Service.

Analgesia

It is gratifying to note that the number of patients who received analgesia was 1,617, i.e., 85.6 per cent of the total confinements attended. Four new Minnett Minor machines were added to the equipment available during the year and thanks to the efficient co-operation of the City Ambulance Service, midwives' requests for an analgesia set are always met.

National Health Service and Midwifery

Every effort is made to ensure the closest co-operation between the midwife and the General Practitioner/Obstetrician and to further this end, a small liaison committee was set up during the year. Four representatives of the Local Medical Committee, with four of the municipal midwives met under the Chairmanship of the Medical Officer of Health, with the Medical Supervisor of Midwives. The value of this experiment was evident at the first meeting and a further meeting was held during the year. It is intended to hold further meetings as required to discuss matters of mutual interest and to maintain the cordial relationship that exists between the medical and midwifery professions.

Special item

A situation of great importance to all municipal midwives arose when a midwife, cycling home after her evening visits, sustained an accident which rendered her unfit for duty.

Her claim for industrial injury benefit was *not* allowed by the Local Insurance Officer. The midwife was advised to appeal and appeared before a Local Appeals Tribunal. Her claim was disallowed, substantially on the grounds that her duties had ended when she left the house of her last patient. The midwife was allowed to appeal to the Insurance Commissioner. The grounds for her appeal were that she was still in the course of her employment, when cycling home, which is her base of operations, and where messages requiring her attention are received, and that, in fact, there was an urgent call awaiting her when she arrived home after the accident, which call she had to hand over to another midwife before being conveyed to hospital herself, where she was found to be suffering from a fractured radius and wrist.

The decision of the Commissioner was that the midwife's appeal was allowed, that the personal injury sustained was caused by accident arising out of and in the course of her employment.

The hearing of the above case took some six months; five months after the accident the midwife was able to resume duties and has since been granted a disablement allowance. The decision is an important one for municipal midwives under the National Insurance (Industrial Injuries) Acts, 1946 to 1952.

NATIONAL HEALTH SERVICE ACT, SECTION 24

Health Visiting and the School Health Service

The co-ordination of these two services, agreed upon in 1947, continues as each new appointment to the Service is made. Some members of the School Health Service have come forward to train as Health Visitors, bringing nearer the time when all members of the staff will be able to undertake combined duties.

Training School for Health Visitors

This School was opened in July, 1948, and by the end of 1952, 97 persons had successfully passed their examination.

Of these, 33 were bursary students and they have joined the staff for a minimum period of 18 months.

It is understandable that many of the bursary students leave the department at the end of their 18 months' service to seek varied experience with other local authorities.

NATIONAL HEALTH SERVICE ACT, SECTION 26

VACCINATION AND IMMUNISATION

Diphtheria Immunisation

Facilities for immunisation against diphtheria are available at all Child Welfare Centres at their weekly sessions and at Day Nurseries. There is also a central clinic at the Milk Depot, 13 Crescent Street, which is open each Saturday morning.

Birthday cards are still used for propaganda purposes.

The following are the figures of the number of children immunised up to the 31st December, 1952.

Under 1 year of age	574
1 year of age	2,696
2 years of age	2,960
3 years of age	3,102
4 years of age	3,435

Vaccination

Under the National Health Service Act, facilities for vaccination are provided at the clinic premises at 13 Crescent Street each Saturday morning (when another clinic is also held). The requests for vaccination are very few, namely, 67 children and 24 adults vaccinated and 23 adults revaccinated.

NATIONAL HEALTH SERVICE ACT, SECTION 28

As mentioned in connection with Section 22, the Health Visitor is taking on additional responsibility as the social worker in the Department. The work of Tuberculosis Care and After-Care was passed back during the year to the individual district health visitors and administratively every effort is made to ensure that the health visitor for the district is available at the Chest Clinic when the patients from her district are attending the clinic.

The after-care of patients discharged from hospital is undertaken only when there is a special request from the hospital staff and a comprehensive after-care service cannot be provided in the absence of information concerning the discharge of patients from hospital. As far as the children are concerned, the after-care is well done because the health visitor is directly in touch with the various hospital units.

NATIONAL HEALTH SERVICE ACT, SECTION 29

DOMESTIC HELP

(Mrs. P. E. STEED, Organiser)

Home Help Service

Staff

Administrative

Miss Marjorie Bennett took up her duties as an Assistant Home Help Organiser on 21st April, 1952, in place of Mrs. J. Gullick, who resigned on her removal from Leicester.

Clerical

Mrs. M. L. Suter commenced duties on 19th June, 1952, and Miss E. Parkin on 6th October, 1952.

Home Helps

Recruitment has proceeded steadily over the last few years, building up this new Service to an establishment of 250 full-time Home Helps by the end of the financial year ending 31st March, 1952. When this figure, which represents one Home Help to every 1,136 of the population of the city, was reached, it was decided to run the Service at this establishment for an experimental year in order to discover how far over a period, supply fell short of demand. The tempo of recruitment was, therefore, slowed down during the nine months from 1st April, with the purpose of maintaining, instead of increasing, the existing establishment. As a consequence, with quality rather than quantity as our first consideration, we have been able to make even more careful selection from longer waiting lists of suitable applicants ; and we have found over the year that increasing numbers of Home Helps of the right type have acquired, through their work, that social experience which, added to their skills in homecraft, makes them universally acceptable.

We acknowledge, with gratitude, the continued help of the Education Department, and particularly of the Principal of the Central Institute in arranging Preparation Courses for our candidates. Five such courses were held during the year. We record our appreciation of the work of Miss Wollaston, Senior Health Visitor and Tutor in home nursing to successive groups of Home Helps since the inception of the Service. On her retirement in November Miss Wollaston was succeeded in this work by Miss M. Ash, M.B.E. A new feature in the Preparation Course this

year is a lecture "Home Nurse and Home Help—a Working Partnership", given by Miss Ratcliffe, Superintendent Nursing Officer of the Queen's District Nursing Association.

Home Helps Employed during 1952

	On Roll 1st Jan., 1952	Resignations during year	Additions during year	On Roll 31st Dec., 1952
Full-time ..	220	45	52	227
Part-time ..	9	—	—	9
Totals ..	229	45	52	236

Premises

A new Branch Office was opened on 3rd March in the Belgrave Hall, Rothley Street, to serve homes in the northern area of the city. Some fifty Home Helps now report to this office.

The Work of the Service during 1952

The following statistics give an indication of the relative demand for the Service in the different categories of emergency in the home covered by Section 29 of the National Health Service Act.

Homes Helped

Emergency	No. of Homes covered
(i) Maternity	615
(ii) Child Welfare	386
(iii) Tuberculosis	118
(iv) Others (including the aged and long and short term sickness)	1,006
Total	2,125

The duration of help received varied from one day in a few emergencies in groups (ii) and (iv) to twelve months in groups (iii) and (iv).

A clearer picture of the scope of the Service is given by the following statistics of homes and persons helped during a sample week when there were 209 Home Helps on duty :

Week ending 19th December, 1952

(*a*) Homes helped :

Emergency	*No. of Homes covered*
(i) Maternity	.. 38
(ii) Child Welfare	.. 40
(iii) Tuberculosis	.. 46
(iv) Others	.. 382
Total	.. 506

(*b*) Persons helped :

Group	*No. of Persons*
(i) Mothers	.. 38
(ii) Children	.. 252
(iii) Tuberculous People	.. 51
(iv) Old People	.. 421
(v) Sick People	.. 110
(vi) Other members of the family ..	.. 203
Total of Persons helped ..	.. 1,075

In considering the value of the contribution which the Service makes to the life of the community it should be remembered that the Home Help performs a two-fold function ; firstly, in providing a background of home care for the work of the General Practitioner, the Home Nurse, the Midwife, the Health Visitor and other social workers, whose function it is to give specialised services to patients in their own homes ; and secondly in preserving the unity of the home and family in time of emergency.

In order to assess the first aspect of the work of the Home Help, a survey has been carried out over the year of all the homes covered by the Service and a record made of those patients for whom, in spite of the specialised services available to them in their own homes, accommodation would have had to be provided in hospitals or sanatoria had there been no Home Help Service. The probable duration of their stay in hospital has also been recorded. These records are summarised in the statistics which follow :

Patients who, but for the help of the Service in 1952, would have required hospital accommodation

Type of Hospital		*Number of Patients*	*Time in Hospital*
Maternity		467	1,314 weeks
Sanatoria		101	1,839 ,,
General	Short-term	243	1,172 ,,
	Long-term	228	6,138 ,,
Totals		1,039	10,463 weeks

The second aspect of the work of the Home Help, that of preserving the unity of the home and family in time of emergency is a corollary of the first. It has been estimated that, but for the Home Help Service, in the year covered, 1,189 earning members of families would have had to cease work for a short period until some arrangement had been made for the care of their sick relatives; and accommodation outside their homes would have had to be found, for varying periods, for 1,604 children. The Home Help has been called "the missing relative" and this aptly describes her place in the home life of this city.

TABLE 9

LIST OF REGISTERED NURSING HOMES

(INCLUDING MATERNITY HOMES)

Address	No. of Beds
9 Mere Road	1
Stoneygate Nursing Home, Stoneygate Road ..	10
39 Scraptoft Lane	8
"Broadview," Goodwood Road	5
Central Nursing Home, 6 University Road ..	15
Sundial Nursing Home, Aylestone Road	20
St. Francis Private Hospital, 362 London Road ..	31
Springfield Road Rest Home, 35 Springfield Road ..	8
The Lawn Nursing Home, London Road	22
"Meadowbank" Nursing Home, 13 Park Hill Drive	4
Dane Hills Convent	56

GENERAL

Puerperal Pyrexia

During the year there were 92 cases of Puerperal Pyrexia notified and particulars are given below as to the place of confinement and of treatment.

Amongst the 92 patients were only two cases of abortion.

The policy of removing all patients in whom potential sepsis cannot be excluded to the Puerperal Fever Unit of the City Isolation Hospital continues, and the results obtained justify the procedure.

Number of cases of Puerperal Pyrexia notified during 1952	92
Number of patients confined :	
(*a*) At home	22
(*b*) In Hospital or Nursing Home	70
Number of patients treated :	
(*a*) At home	16
(*b*) In Nursing Home or Hospital	62
(*c*) Transferred to Isolation Hospital	14

Registered Nursing Homes

Concerning the ascertainment of such homes which have not been registered, this is a matter which is constantly kept in mind by the health visitors and midwives ; there is the closest co-operation with the Welfare Department in the matter of premises which should be considered for registration either as nursing homes or old peoples' homes.

Staff

There were no changes in the medical staff for the year under review.

Health Visitors

It is a great pleasure to record that Miss Millicent Ash, a Health Visitor on the staff since 1930 was awarded the M.B.E. in the New Year's Honours List of 1953, and it is gratifying to know that the selection of Miss Ash for this honour has been universally acceptable throughout the Department. Miss Ash, herself, regards it as a recognition of the value of the work of the health visitors, but her colleagues share her joy in this matter.

Miss Florence Toon, who had been a Health Visitor in the Department since 1941, had been in failing health for some months, but her sudden death on the 27th November caused much gloom amongst her

colleagues, particularly as Miss Toon was planning for a quiet retirement in the not-too-distant future.

Miss E. L. Wollaston retired on superannuation on the 29th November and carried with her the good wishes of the department which she had served in a variety of ways since 1926.

The following health visitors, who had received bursaries for training, left the Department during the year after their contract period had ended :

Miss Fullylove, Miss Godwin, Miss Power, Miss Wells.

Miss W. M. Watchorn and Mrs. B. P. Fent resigned for personal reasons on the 31st December.

The following persons received bursaries from this Department during their training, were successful in obtaining the Health Visitors' Certificate and joined the staff during the year :

Miss Aucott

Miss Baum

Miss Brown

Miss Hodgson

Miss O'Reilly and

Miss Williams

In addition, Miss Baxter, formerly a Health Visitor in the South of England, joined the staff on the 1st September, and Miss Joan Hayes, formerly a Health Visitor in Lancashire (now Mrs. Wilson) commenced duties on the 1st January, 1952.

Midwives

The following midwives joined the staff on the dates mentioned :

Mrs. Claydon, 1st April, 1952

Mrs. Dowling, 1st October, 1952

Miss Eccles, 28th August, 1952

Mrs. Wood, 15th December, 1952

The following midwives left the Department on the dates mentioned :

Miss Coverdale, 31st August, 1952

Mrs. M. E. Curtis, 22nd November, 1952

Mrs. K. Holmes, 31st July, 1952

Miss V. Moore, 14th April, 1952

Assistant Home Help Organisers

Mrs. Gullick left the Service early in the year and was replaced by Miss M. Bennett, who commenced duties on the 21st April, 1952.

Clerical Staff

The following clerks left the Department during the year :

Miss G. M. Baker

Miss F. E. Brooks

Mrs. I. Rodda

Miss E. F. Taylor

Mrs. M. A. Griffin

They were replaced by :

Mrs. M. I. Hall

Miss S. C. Jackson

Miss E. Parkin

Mrs. S. Scattergood

Mrs. M. L. Suter

Miss R. Taylor

In May, 1952, Miss Violet Elgood had to go into an Orthopædic Hospital for a major operation and her vacancy was kept open by appointing temporary clerks.

APPENDIX III

Report on the Maternity and Child Welfare Dental Service for 1952

FOREWORD BY THE SENIOR DENTAL OFFICER

Mr. A. C. REYNOLDS, L.D.S., R.C.S.

In view of my having taken up the appointment as chief dental officer in Leicester so late in the year (November) and finding that my predecessor, Mr. A. J. Sutherland, had kindly prepared a report up to the time of his retirement, I submit this in full as the main body of my report on the dental treatment provided to expectant and nursing mothers and pre-school children.

Maternity and Child Welfare Dental Service Report for 1952

by

A. J. SUTHERLAND, L.D.S.

Senior Dental Officer

With the continued shortage of the Education Authority's school dental staff, the service for the priority groups remained static. Only three sessions a week could be allocated, one each at the London Road, Overton Road and Cort Crescent clinics. It seemed fairly clear that up to the time when certain financial changes took place in the structure of the National Health Service Act regulations, a large amount of this priority work had been absorbed into the general dental service and much credit is due to the local private practitioners in giving a great degree of priority to these cases. The financial changes referred to may alter the conditions and re-direct the demand once again into Local Health Authority channels. A joint circular 22/52, issued by the Ministries of Health and Education and dated 30th June, 1952 drew attention to these various charges which do not apply to "treatment or dentures provided by Local Health Authorities in pursuance of their

duty under Section 22 (1) of the N.H.S.Act to make arrangements for the dental care of expectant and nursing mothers and children under school age". The Local Health Authority has all along been cognisant of their duty in this direction and both they and the Education Authority have done their utmost to deal with the problem without, it must be said, a great deal of Ministerial encouragement. Any expansion of the salaried service will be wholly contingent on acquiring additional staff and accommodation. The Education Authority has repeatedly inserted advertisements in the appropriate journals with results which have so far proved entirely negative.

At a meeting of the Local Dental Committee held on September 30th, Circular 22/52 was read over to them and given every consideration. While, naturally, they could not speak for their constituent members without consultation, they gave it as their opinion that the opposition to working on a sessional basis would still be very evident. They undertook, however, to make the contents of the Circular known to everyone concerned and would let the Medical Officer of Health know the result as soon as possible.

My retirement from service will have taken place in October, 1952 and therefore the year's figures were not at my disposal but from those which, up to that time I have seen, care has been taken that a service has been provided for those referred, and particularly no child under school age who needed urgent treatment was left for long before being seen. I am very grateful to the dental officers concerned for their valuable service in attending to these young children.

A pleasant and not unimportant feature of a Senior Dental Officer's work is the opportunities offered to him to talk to the Student Health Visitors undergoing the Health Visitors' Course. They are useful to them and very beneficial to him. Personally I have thoroughly enjoyed them for the students have shewn a lively interest in the subject and, on occasion, an embarrassingly high level of knowledge. Educational work of this kind is valuable not only for the specific subjects of dental anatomy, physiology, pathology, prevention and treatment, but also the students' visits to the various clinics put them in the picture as to what is being done so that they should be well informed when confronted by parental enquiries.

As this is the last occasion on which I shall have the privilege of contributing to the Annual Report may I express once again my sincere thanks to Dr. Macdonald, Dr. Humphreys and their staffs not only for their consistent interest in this work but for the ready help and encouragement they have always given to me personally.

Pre-school Children

Comparing the annual figures of the year with those in the last report it will be seen that there has been only a slight increase in the amount of work done for pre-school children. This treatment has consisted almost wholly of extractions for the relief of pain. Unfortunately this is likely to continue so until recruitment to the local authority dental service is encouraged by making it remuneratively comparable with private practice. Then and only then will the so-called "priority classes" be able to receive from the local authority, whose duty it is to provide facilities, the free priority treatment that had been so glibly promised for them. As things are with so depleted a staff it is illogical to encourage conservation of the temporary dentition for pre-school children for at least three reasons: because this cannot be continued when the child attains school age—for in the school service conservative treatment has to be limited to permanent teeth; because time would be absorbed which could otherwise be spent on the school service; and because, it is sad to say, I believe that once started, a demand for such treatment would be created which could not be met.

I anticipate that in future general anæsthetics will figure more largely in this work since the purchase of the Oxford Vinesthen inhaler in November. Vinesthen is particularly suitable for young children in that induction is quicker, anæsthesia is longer and more even than is obtained with nitrous oxide and recovery is rapid.

Expectant and Nursing Mothers

Comparing figures with those of the previous year there is generally a slight decline in the amount of treatment given, although fillings and scalings are up a little.

Here again it would appear that although the service is available to those who seek it, it is at present no more than that. No preventive service can be carried on until staffing improves, Yet this is a service which could pay well in the health of the city. Not only could mothers and babies be made healthier physically directly by the eradication of dental sepsis in the mothers, but, by profiting themselves from treatment, they would be more aware of the importance of dental care for their children.

DENTAL TECHNICIAN SERVICE

TOTALS FOR MATERNITY AND CHILD WELFARE SERVICE

From 1st January to 31st December, 1952

Total Number of Patients Receiving Appliances in this Period : 50

Types of Appliances					
Full Upper and Lower	Full Upper and Part Lower or Full Lower and Part Upper	Part Upper and Lower	Full Upper or Full Lower	Part Upper or Part Lower	Repairs
28	3	1	3	7	8

Columns 1, 2 and 3 should be multiplied by two to arrive at the number of appliances supplied.

Total Number of Appliances supplied : 82

This service is carried out at the Education Department's Laboratory at Overton Road.

MATERNITY AND CHILD WELFARE, 1952

Details of Treatment, etc.	Pre-School Children	Adults	Total
Sessions devoted to Treatment	107		107 (108)
Patients treated ..	205	116	321 (331)
Daily Attendances ..	257	474	731 (794)
Extractions—Permanent Teeth	—	506	506 (675)
Temporary Teeth	311	—	311 (286)
General Anaesthetics ..	16	—	16 (9)
Fillings—Permanent Teeth	—	55	55 (46)
Temporary Teeth	11	—	11 (6)
Scalings	—	44	44 (39)
Dressings	4	71	75 (47)
*X-Rays	—	—	— (—)
Prosthetic Operations ..	—	215	215 (260)
†Dentures	—	74	74 (95)
Patients to whom dentures have been supplied ..	—	42	42 (58)
Denture repairs ..	—	8	8 (7)
Consultations	26	29	55 (58)

(1951 figures in brackets)

*Facilities are available at Richmond House Dental Clinic.

†Includes 62 Full Dentures and 12 Partial Dentures.

During the year 89 appointments were not kept.

MATERNITY AND CHILD WELFARE SERVICE, 1952

(*a*) Numbers provided with Dental Care :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers..	No organised dental inspection. All cases referred for treatment from ante-natal clinics.			
Children under 5				

(*b*) Forms of Dental Treatment provided :

	Ex-tractions	Anaesthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radio-graphs	Dentures	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	506	157	—	55	44	—	286	—	62	12
Children under 5	311	198	16	11	—	—	4	—	—	—

APPENDIX IV

Report of the City Analyst

for the year 1952

by

F. C. BULLOCK, B.Sc., F.R.I.C., P.A.Inst.W.E.
(Public Analyst and Official Agricultural Analyst)

To the Chairman and Members of the Health Committee :

The basis of a Public Analyst's Annual Report lies in the tens of thousands of factual details obtained in the course of analysing the thousands of samples received. These detailed facts may be likened to the tesserae in a mosaic design; and the problem of constructing a readable report with summaries and conclusions under a few specific headings, corresponds to the task of creating a few intelligible patterns out of the jumble of different fragments which are the ultimate units of the mosaic.

It would no doubt be sufficient to present a mass of statistics and tables as a bald summary of the work done during the year under review, and leave the readers themselves (if any) to work out possible implications. Such a report could very easily be presented on the 1st January of the year following the one being reviewed; but we have always felt that the social effects of the Public Analyst's work as a whole, and the human background to many of the individual investigations, warrant a more thoughtful and intimate treatment. The general motif is clearly the betterment of public health, and the protection of the housewife's purse, in as far as the science of chemical analysis and kindred techniques are competent to serve these ends. The individual themes—the assurance of a pure and wholesome water supply for the local community; a food supply unadulterated, uncontaminated, honestly labelled and described, wrapped and distributed under hygienic conditions; pure air to breathe; clear sterilised water for swimming; a supply of drugs of recognised purity and potency; fertilisers up to an adequate standard of activity; feeding stuffs devoid of worthless ingredients; and so on.

The solution to the problem of writing a report for the previous year is to get it off one's chest before becoming hopelessly bogged down in the detail of the current year. Unfortunately the longer one waits for inspiration (which never seems to come in any case) the more this difficulty becomes accentuated. What usually happens is that the report is written in something akin to desperation about the following August or September. This year an urgent request for the report before the end of May clearly demanded a new plan of action, and the work was delegated to members of my staff with, I am sure, very satisfactory results. I feel this explanation is due to the few friends who have read this report regularly in the past, and who may detect a welcome change in style for which I repudiate all personal credit.

Mr. Pike, Mr. Duncan, Miss Ives, and the younger members of the staff, have not only co-operated in writing this Report, but in the first place have carried out most of the practical work of which it is a record.

There were no staff changes during the year, and I gladly take this opportunity of recording the excellent work performed by all the present members.

F. C. BULLOCK,
5th June, 1953.

NEW LEGISLATION DURING 1952

Liqueur Chocolates (3rd March, 1952—Circular MF 2/52)

During the year a successful prosecution of a manufacturer of liqueur chocolates was obtained, the liquid centres of which contained a non-spirituous flavoured syrup. The Ministry of Food in consultation with representatives of the manufacturers, finally agreed to the application of the description "imitation liqueur chocolate" with the provision that such a description should be followed immediately by the word "non-alcoholic" in substantially the same type.

Christmas Puddings (Labelling of Food (Amendment) Order, 1952)

During 1951 the standards specifying the fat and vinous-fruit content of Christmas Puddings were revoked, but such products were exempted by means of S.I. 1951, No. 462, from the requirements of the Labelling of Food Order. The effect of the above-mentioned order now makes it necessary for the ingredients to be specified on the label as from 31st March, 1952.

Saccharin Tablets and Sweetening Tablets

The Food Standards Committee reviewed the temporary standard for saccharin tablets contained in the Saccharin Order, 1949, S.I. No.

945. It was concluded that, since the demand for artificial sweetening agents was still considerable and unlikely to subside until such time as sugar is derationed, the standards should be maintained as hitherto, viz:

(a) The Tablets : shall contain not less than 0.18 grain and not more than 0.22 grain of saccharin or the equivalent weight of soluble saccharin.

(b) may contain as excipient sodium bicarbonate with or without other suitable substances. The total amount of excipient shall not exceed four times the maximum quantity of saccharin.

(c) shall not contain more than 5% water insoluble matter, nor less bicarbonate than that required to render the saccharin completely soluble.

The Meat Products No. 2 Order, 1952, (S.I. 1952, No. 1124)

The following are among the principal provisions of this Order :

(1) Minimum meat content for certain meat products.

(2) The definition of "meat" for the purpose of the Order was amended to discontinue the inclusion of poultry, game, rabbit, hare, venison or goats' flesh.

(3) The restrictions on the use of soya in the manufacture of sausages were removed.

(4) Milk Powder and vegetable fat were no longer allowed to count as meat.

The Food Standards (Ice Cream) (Amendment) Order, 1952

From the 7th July, 1952, the standards for Ice Cream were amended so that the fat content was reduced from 5 per cent. to a minimum of 4 per cent. and the milk-solids-other-than-fat were reduced to a minimum of 5 per cent. from 7.5 per cent. The sugar content was maintained at 10 per cent. total sugars, of which not less than 7.5 per cent. should consist of sucrose.

The Food Standards (Coffee Mixtures) Order, 1952

The Order prescribes standards for coffee and chicory mixtures (including French coffee) and for coffee with fig flavour or fig seasoning (including Viennese coffee). The coffee content of the former mixture was fixed at not less than 51 per cent., whilst Viennese coffee or coffee and fig mixtures must contain at least 85 per cent. by weight of pure coffee.

Mineral Oil in Food (Amendment) Order, 1952

The Order had the effect of reducing the amount of mineral oil allowed in dried fruit from 1 per cent. to 0.5 per cent. by weight.

Sulphur Dioxide in Imported Dehydrated Vegetables
(Circular MF 15/52)

The circular set out maximum quantities of sulphur dioxide allowed to be present as preservative in certain imported dehydrated vegetables.

The Food Standards (Suet) Order, 1952

From the 28th December, 1952, Block Suet was required to contain 99 per cent. by weight of beef fat, whilst the standard for shredded suet was maintained so that this product should contain not less than 83 per cent. by weight of beef fat.

Feeding Stuffs (Manufacture) (Amendment) Order, 1952 (S.I. 1952, No. 1652)

The Order revised minimum percentages for the albuminoid content of National Cattle, Pig and Poultry Foods.

FOOD AND DRUG SAMPLES

The majority of the Food and Drug samples were submitted by Inspectors Fiddes, Cotterill and Beresford; they were taken formally or informally, according to circumstances.

Twenty-one private samples were brought in by members of the public.

Of the 905 Food and Drug samples submitted both officially and privately, 87 (9.6 per cent.) were condemned.

Of the 1697 milk samples taken, 71 (4.2 per cent.) were condemned.

Labelling

Manufacturers generally reach a high standard with regard to the labelling of food products and drugs, and it is to their credit that during 1952 only three cases of possible error occurred amongst all the labels scrutinised.

According to the label, a sample of egg flip we examined was composed of eggs, full-cream milk, sugar and South African sherry. The alcoholic content of the product was estimated at 13.34 per cent. ethyl alcohol, which would indicate a sherry content of about 80 per cent., whilst the content of the liquid whole egg was calculated to be 12.8 per

cent. Obviously the ingredients were not in the order as stated on the label, and it would appear that the product was fortified with alcohol. In this case the manufacturers were notified and evidence was produced that the label had been submitted to, and passed by the Ministry.

On examining the claims made by some packers of certain quite common commodities, one wonders why anyone should continue for a day longer than necessary to suffer from such maladies as "nerve disorders, neurasthenia, neuritis, insomnia, change of life, unhealthy finger nails and hair, bladder troubles, anæmia, varicose veins, constipation, high blood pressure, rheumatism, arthritis, eczema, angina and heart troubles". For, the relief of all the above was part of the claim made for a sample of crude black molasses which was purchased in the City. When such marvellous materials already exist, it makes one wonder why the expense of scientific research should be tolerated! This particular product also claimed the presence of "vitamins of the B family" and minerals, but the actual contents were not disclosed on the package. The vendor was interviewed and acquainted with the law relating to the labelling of such substances; he agreed to amend the label to conform with the Regulations.

Recently the popularity of powdered soup has increased, most probably because of the ease of serving such products rather than because of their nutritional value. The very nature of these preparations restricts their composition to a great degree. Thus a canned "cream of tomato" soup, which by Code of Practice must contain at least 4 per cent. fat, and usually contains about 15 per cent. total solids, when dried would contain 30 per cent. or more of fat. Such a product would be difficult to produce in powder form. It was, therefore, not surprising to find that a dried "cream of tomato" soup contained only 7.8 per cent. fat, and when diluted according to instructions, the final product would contain only 0.6 per cent. of fat as compared with the 4 per cent. required in a canned soup. This matter was taken up with the manufacturer and the Ministry of Food.

Whilst it is realised that the "Code of Practice" governs only canned soups, the view taken in this laboratory is that a dried soup should not be described as "Cream of" if the final product is inferior to the standard demanded when the product is canned.

It was gratifying to learn from the Ministry of Food that the manufacturer of the particular article examined agreed to amend the label, and a general survey of powdered soups as regards labelling and composition was undertaken in the laboratory at the request of the Ministry of Food.

MISCELLANEOUS FOOD SAMPLES

In the following paragraphs the sample numbers given refer to items in Table D (a).

Foreign Bodies

This year, in common with previous years, has produced its crop of foodstuffs containing foreign bodies. Bakery products seem to be particularly prone to this type of contamination—no less than five of the nine complaints of this nature relating to cereal products. However, considering the enormous daily production of the bakeries in a city the size of Leicester, this record indicates that the majority of bakeries must be scrupulously clean and well managed.

Two samples of bread contained foreign bodies, sample No. S.156 contained a flour beetle, and sample No. S.163 contained a piece of solder. Solder was also found in a cake sample, No. S.157, whilst another cake, sample No. S.154, was found to contain a wire paper clip. In each case the offending baker was suitably cautioned.

A sample of Corn Flakes was also submitted containing a dark, solid object the size and shape of a large nutmeg. This foreign body was alleged by the aggrieved person to be canine fæces, and it certainly did appear much like that. However, examination of the substance and subsequent communications with the manufacturers, established that it was corn dust impregnated with vegetable oil.

Two instances of slimy black moulds were reported, one in a sample of fruit squash and the other in a milk bottle. The fruit squash was packed in a waxed carton and was obviously old stock—the vendor was cautioned. The dairy from which the milk bottle originated was visited by a representative of the Sanitary Inspectorate.

A sample of sugar was submitted privately in this category, and was said to have a peculiar taste and to have given rise to skin rashes. Examination proved the sample to contain about one per cent. of salt. Subsequent samples from the vendor proved to be quite normal, and it was assumed that accidental admixture in the home of the complainant was the cause.

Miscellaneous Food Samples reported "Not Genuine"

Butter Sweets

A Code of Practice was agreed upon in November, 1951, between the Ministry of Food and representatives of the chocolate and sugar confectionery trade regarding the use of the word "butter" or a synonym,

in the description of chocolate and sugar confectionery. According to this agreement, a butter sweet must contain not less than 4 per cent. of butter-fat. If a product contains less than this quantity of butter-fat, then the word "butter" must be qualified by the term "flavoured". Hence a butter flavoured sweet might contain some butter-fat or only butter-flavour and still conform with this code.

Of the samples of butter-sweets examined under this recommendation, four samples were reported against as being deficient of butter-fat, samples No. 760 and 761 being follow-up samples of Nos. 559 and 560 respectively. Although these follow-up formal samples were purchased from the same vendors, they were found to be of different manufacture from the original specimens. These were all reported to the Ministry of Food, but legal action was eventually abandoned.

Grapefruit Crush

Three informal samples of Grapefruit Crush were taken, all being of the same manufacture. All were found to contain from 87.8 to 100 per cent. excess of saccharin. Cautions were issued by the Public Analyst; and as a result of this, the sampling officer visited the manufacturer's premises. It was then discovered that the product was prepared from a concentrated fruit squash manufactured by another firm; and to increase the sweetness to suit local taste, extra sugar and saccharin were added. A sample of the concentrate was examined and found to contain the maximum quantity of saccharin allowed. The manufacturer altered his formula to conform with the required standards.

Jelly Crystals

Formal sample No. 762 was purchased as a follow-up of informal sample No. 715. The specimens were found to be deficient of 10.3 and 21 per cent. respectively of the required amount of sugar. The samples were damp and contained fairly large soft pieces of gelatine, which seemed to indicate insufficient care in manufacture. The manufacturer was cautioned.

Luncheon Meat No. 558

This was a sample of tinned luncheon meat submitted by the sampling officer for an opinion regarding its suitability for human consumption. It was presumably old stock and contained 5.8 grains of tin per lb., the container itself being badly etched. The rest of the stock was surrendered.

Dried Herbs

All the samples of dried herbs purchased proved to be of normal

quality, except a sample of dried mint, No. 1513. This was followed up by sample No. 1528, which we likewise rejected because of lack of aroma. The samples, though both of Mentha vividis, had little more odour than a sample of hay, and were therefore of little use for the practice of culinary arts. The vendor on notification returned the entire stock to his supplier.

Sago and Tapioca

Though Sago and Tapioca are essentially starch and thus may be said to be the same article, they are nevertheless obtained from different origins, sago being derived from the stem of the sago palm whilst tapioca is obtained from the pulp of the cassava or manioc plant. It seems strange that tradesmen should confuse these two products, since sago is usually of a brownish or buff colour, while tapioca is white. This did, however, occur on three occasions, tapioca being supplied in two instances when sago was asked for, and once sago being tendered in mistake for tapioca.

Since it seems that sago and tapioca are legally assumed to be synonymous, no serious view could be taken of these offences, but the occasion was taken to inform the vendors of the true character of these substances. (See Public Analyst's Report for 1931).

Sausages

Sixty-nine samples of sausage were examined during 1952 of which nineteen were deficient of the required minimum meat content, and seven contained undeclared preservative; that is 37.7 per cent. of the samples received were in some way or other unsatisfactory. Prosecutions in nine cases were instituted but three were abandoned. In all £43 was collected in the form of fines in the six successful prosecutions.

It seems regrettable that prosecution is necessary in order to protect the public from inferior foodstuffs of this nature, since as pointed out in the Annual Report for 1951, beef sausage need only contain 27.5 per cent. of actual meat and pork sausage 55 per cent. of actual meat.

During the year we have also received complaints that sausages are reduced to little more than a piece of fried bread on cooking, and that the would-be consumer is left with a pan of cooking fat, which though possibly useful for other occasions, is little compensation for the lack of, perhaps, a hearty meal at the end of a hard day's work. Though it is good these days to hear of so many regulations being rescinded, it does seem as if a standard for the maximum content of *fat* in sausages should be introduced, for fat is not a substitute for meat protein. Under the

appropriate standards, fat is reckoned as meat; and legally, a loophole exists for making a sausage consisting entirely of fat and wet bread! It can only be hoped that when there is an abundance of meat available, the public will use its discrimination more and buy only sensible brands and the producer of such low-grade products will be forced out of business.

Generally speaking there is little wilful attempt to violate the Preservative Regulations regarding sausages; and where added preservative has not been declared it has generally been due to oversight or an entire ignorance of such regulations. For instance, on one occasion a vendor's assistant did not understand our complaint about preservative, but thought that preservative had something to do with jam.

One final note on the sausage :

The Meat Products Order, 1952, defines beef sausage as "sausages which are ordinarily known and sold as beef sausages the casings of which are hog or sheep casings, and includes sausages the meat in which is not beef alone", and pork sausage as "sausages which are ordinarily known and sold as pork sausages, and the casings of which are hog or sheep casings".

This definition does not appear very helpful; it is however, in line with the opinion of scholarship. The poem on "Plain Speaking" by Louis MacNeice is as follows :

"In the beginning and in the end the only decent
Definition is tautology : man is man,
Woman woman, and tree tree, and world world,
Slippery, self-contained ; catch as catch can . . ."

For the complete poem consult "Collected Poems" published by Faber & Faber Ltd.

In an effort to clarify the Ministry of Food definition some time ago, the meaning was stated to the Health Committee to amount to the following : "Pork sausage can be sold as beef sausage so long as a minute amount of the pork, even 1%, is beef, but beef sausage cannot be sold as pork sausage unless at least 80% of the beef is pork".

This may have seemed at the time an unconscious attempt at being facetious, but it obtained support in real life at the hearing of a case against a local vendor of sausages, on the 16th December, 1952, when the deficiency of 15.8 per cent. of meat in a sample of *pork* sausage was attributed by the defence to the fact that "the maker had forgotten to add 20 per cent. of *beef*".

Vinegar

Once again that rather academic distinction between vinegar and non-brewed condiment presented itself when sample No. 277 proved to be just coloured dilute acetic acid, instead of a malt vinegar. The vendor was cautioned by the Medical Officer of Health.

Another sample, No. S.155, presented privately was heavily infested by vinegar eels; in itself this condition is harmless, but not desirable. An Inspector visited the vendor's premises, but was unable to purchase more of the suspected vinegar as the remainder of the stock had been sold.

Ice Cream (Table N)

One hundred and ten samples of ice cream were analysed throughout the year. This number is sixty eight less than last year, due principally to the fact that most of the bigger firms' product were sampled less regularly, since they continue to retail ice cream which is of a high quality; occasional samples of these brands serve to confirm this view entirely.

As forecast in last year's report, the shortage of fats has necessitated a lowering of the standard for the composition of ice cream. The previous minimum composition was 5 per cent. fat, 7½ per cent. milk-solids-not-fat, and 10 per cent. sugar. From 7th July, 1952, the fat was reduced to 4 per cent., the milk-solids-not-fat to 5 per cent. while the minimum sugar content remained unchanged. Of the 21 different makes of ice cream being retailed within the city, the average figures for fat, milk-solids-not-fat, and sucrose were 8.8 per cent., 8.8 per cent. and 13.0 per cent. respectively, showing that in the majority of cases, the ice cream sold was well above the minimum standard, but the fat content is somewhat lower than last year's average figure of 9.3 per cent.

Of the nine samples found deficient (see Table D(a)) it seemed that only a temporary, and probably unwitting deficiency had occurred, due to erroneous weighing of the ingredients, as follow-up samples taken only a few days later from the same shops proved to be genuine. This happened in the case of Nos. 4770, 125, 141, 282 and 861.

No. 8 and its informal follow-up sample No. 57 from the same retailer, were both found deficient, the first in milk solids only and the second in both milk solids and fat. This retailer was using a compounded cold mix powder made by a large manufacturer; on further enquiries it was found that the mixing instructions which were being used at the shop were not applicable to the powder then being used, but to a

previous batch. The mistake was corrected and another sample taken from the same retailer a few days later was satisfactory.

Two samples, No. 311 (informal) and No. 4797 (formal) taken from the same retailer raised an interesting point; they were both almost identical in composition, being 13.3 per cent. deficient in milk-solids. Further enquiries revealed that one of the constituents of milk-solids, lactose, was being added by the manufacturer, such that the normal lactose milk protein ratio was greater than in ordinary milk. The matter was taken up with the Ministry of Food, who supported our view that the lactose added in excess of that normally present in milk-solids, did not constitute a true milk-solid within the meaning of the Food Standards (Ice Cream Order) 1951. The manufacturer subsequently acted on this advice, and revised the formula for his ice cream accordingly.

Iced Lollipops

These usually consist of sweetened cordials frozen under hygienic conditions in a mould.

The consumption of iced lollipops seems to increase greatly for no logical reason, except perhaps fashion. Usually these lollies cost a penny or twopence, while for an extra copper or two, a really nourishing, nutritive and refreshing ice cream may be bought. The food value of iced lollipops in many cases is very small—we have previously found the total solid content to be as low as 1 per cent. In fairness, however, to the manufacturers, it must be said that the 19 samples examined in this laboratory gave an average total solids of 7.8 per cent., which is about the same as last year, but the minimum total solids is definitely higher than then—2.5 per cent. instead of 1 per cent. The solids consist mainly of sugar, and it has been proposed that a minimum standard of 10 per cent. sugar be adopted. This seems very reasonable; the sooner this is brought into force, the better for all concerned.

Milk

Two thousand, eight hundred and ten samples of milk were submitted for examination under the Milk (Special Designation) Regulations, 1949, of which 1,299 were examined for efficient pasteurisation by means of the phosphatase test.

Table L indicates that 99.8 per cent. of the samples were satisfactory in this respect, and the result reflects creditably upon the producers of pasteurised milk in the City. Table E shows that only in two cases was the bacteriological quality of pasteurised milk, as indicated by the Methylene Blue Test, doubted.

In the case of Tuberculin Tested raw milk, 64 out of a total of 1,039 samples failed to pass the Methylene Blue Test. In such circumstances, it is our practice to notify the Sanitary Inspectorate immediately in order that any necessary action may be taken.

Chemically, many specimens of milk approach the minimum statutory limits of 3 per cent. fat and 8.5 per cent. solids-not-fat.

It is noticeable that many deficiencies regarding solids-not-fat are experienced during the months of April and September. This is probably explained by the change-over from winter feeding to grazing. Fat deficiencies in unadulterated samples are likewise experienced, but mainly during the month of June.

It seems unsatisfactory that such variations, which may be regarded as natural seasonal fluctuations, should render the milk legally "not genuine", and the producer a potential criminal. Such instances of genuine milk of poor quality have been more noticeable since the last war; and this may be due to the fact that breeders of dairy cattle have concentrated upon high yield instead of quality. It supports the view that some system of payment depending upon fat and solids-not-fat content, should be instituted. This would also act as a deterrent to those who are tempted to increase the milk yield of their cattle by the addition of water.

Table C gives details of the samples which were found to be deficient in chemical composition, and indicates any subsequent action taken.

MISCELLANEOUS DRUG SAMPLES

Two hundred and fifty two samples of drugs were submitted during 1952, of which 6 per cent. were in some way found to be unsatisfactory. This compares with 6.3 per cent. found unsatisfactory in the previous year. The samples against which adverse reports were submitted, are dealt with in detail below :

Boric Ointment

It is remarkable that in 1952, samples of boric ointment may be purchased that were prepared in accordance with the B.P. 1932. In the sixth addendum to the B.P.1932, published in 1943, the boric acid content of boric ointment has been reduced from 10 per cent. to 1 per cent. and yet two samples, Nos. 243 and 376 purchased this year contained respectively 820 per cent. and 875 per cent. excess of the required percentage of boric acid. This makes one wonder what rate of turnover some of these products have in the average pharmacy, since

it can only be presumed that these were the remains of such old stock. In each case a caution was issued by the M.O.H. and the stock withdrawn from sale.

Calomel Tablets, No. 1015

This sample was a bad specimen of tablet production which did not conform to the standards of uniformity as set out in the B.P., and contained an excess of 32 per cent. of the declared calomel content. The stock was withdrawn from sale on the recommendation of the M.O.H.

Calcium Lactate Tablets, No. 985

A deficiency of 10.2 per cent. of Calcium Lactate was found in this sample and again the vendor was cautioned. In this case the vendor referred the complaint to the supplier—a reputable firm—and it was eventually established that the sample was a mixed batch of tablets, probably from different sources. The stock was withdrawn from sale.

Compound Powder of Liquorice, No. 160

This sample, which was purchased from a herbalist, contained an excess of 15.8 per cent. of the required sulphur content, that is, it contained 9.27 per cent. instead of the desired 8 per cent. of sulphur. The matter was referred to the suppliers when it was declared that as the substance was sieved in a machine of the vibrating type, it was possible that the sulphur being heavier than the liquorice powder, had possibly shaken to the bottom of the collecting vessel, thus causing non-uniformity of the mix. The firm declared that all supplies were to be withdrawn and a new batch would be prepared.

Glauber's Salt No. 581

It is unusual to receive a batch of samples of Glauber's Salt without finding one or more has undergone efflorescence and lost some of its water of crystallisation. It is realised that it is difficult for manufacturers and packers of this substance always to guarantee its compliance with the limits of the B.P., but from our experience samples packed in waxed cartons give little trouble, and this information is passed on to packers whose product gives rise to complaint.

The sample referred to above contained a deficiency of 15.7 per cent. of the required water content. The supply was withdrawn from sale.

Lime Water No. 637

While we agree wholeheartedly that Leicester tap water is an irreproachable source of potable water, and no harm is to be appre-

hended from its use in the preparation of Lime Water, it does, nevertheless, contain chloride such that the ultimate product does not conform to the requirements of the B.P. The vendor promised in future to use distilled water for this purpose.

Saccharine Tablets No. 1356

This sample was a poor specimen; seven of the twenty tablets weighed for the uniformity test were outside the plus or minus 10 per cent. tolerance permitted, and the average saccharine content was only 0.17 grains per tablet instead of 0.2 grains. The vendor was cautioned and advised to return the tablets to the makers.

Double-strength Seidlitz Powders Nos. 1525 and 1611

These powders were both sampled from the same source and appeared to be of the same batch. The vendor communicated with the manufacturers who accepted responsibility for the errors in these powders, the weights of which were not uniform and which contained an excess of the required amount of tartaric acid.

The manufacturers withdrew all existing stock from the various branches of the vendor and thanked the City Analyst for his observations and the opportunity of correcting the error.

This was yet one more case where an atmosphere of cordiality was preserved throughout the investigation, and there was a genuine desire to correct an error in order to provide products of a high quality.

Tincture of Iodine, Sample No. 236

This was a sample of Tincture of Iodine deficient in the required content of potassium iodide, and had obviously been prepared according to the formula of the B.P. '32, which requires 1.5 per cent. potassium iodide instead of 2.5 per cent. as specified in the B.P. '48.

The vendor explained that he had recently taken over the pharmacy and was unaware that the Tincture of Iodine was prepared in accordance with the B.P. '32—it appeared to be, in fact, old stock.

Sample Nos. 235 and 237

Both of these samples consisted of half ounce packs of Tincture of Iodine, sample No. 237 being a follow-up of sample No. 235. Both specimens contained excessive amounts of iodine and potassium iodide, the excess being greater in the case of the first sample.

The matter was taken up with the manufacturers who suggested that the error was the result of evaporation of the alcohol. Unfortunately

there was insufficient sample for the estimations of this ingredient, but the quality of the closures of the bottles and the fact that the samples had been held in stock for the greater part of a year, were evidence in support of this view.

Sample Nos. 273 and 367

These samples again contained excessive amounts of iodine and were purchased from the same vendor. The packs contained only about one-third of an ounce and it is possible that the error was due to evaporation of the solvent. The vendor, however, returned samples of his stock to the manufacturers who agreed with the views of the City Analyst and withdrew the stock, suitably crediting the vendor for his trouble.

WATER EXAMINATION

For some time past we have felt that the scope of the routine sampling of the City Supply water could be improved. After collaboration with the Water Engineer a new policy was defined and put into operation towards the end of the year; at the time of writing, this revised method seems to be justified. Instead of making complete analyses of a comparatively small number of samples, as had been done previously, we now make frequent examinations of a much larger number, and so we can detect any abnormality in a supply or determine the efficiency of a change of treatment more readily.

The three local reservoirs thus submit samples of raw, filtered, and chlorinated water for bacteriological and partial chemical analysis—or biological examination where necessary—about twice per week; at the same time a watchful eye is kept on the water as it is finally delivered to the consumers' premises, with particular regard to any metallic contamination which may arise. The same rigorous system is applied to the Derwent supply; samples of the water entering Hallgates Filter Station through one of the mains, and of the water leaving the service reservoirs, are taken three times per week.

Essential results can be obtained quickly and it is possible to advise the Water Engineer as to anything unusual, or to suggest any control which may be necessary, with a minimum of delay.

Special samples, particularly those submitted in cases of complaint, received the necessary attention, as did the occasional leakage waters taken from cellars and basements, and tank supplies. It might be noted here that it is the Water Engineer's responsibility to deliver safe water up to the consumers' premises; but subsequent storage in open tanks with

possible consequent deterioration of the water introduced by insects, rodents, etc. is beyond his control.

New mains come under our supervision as far as sterilization prior to use is concerned, samples of water being taken as each new length is added; only after the water is reported safe is the main put into commission.

Thornton impounding reservoir has been in continuous use throughout the year—indicating that the recent mud scraping operation, the diversion of sewage effluents from the feeder brooks, and the installation of the different draw-off levels, have combined to produce this satisfactory state of affairs.

A good deal of exploratory work has been done in connection with the new scheme for obtaining further supplies of water. This has involved full analyses on river samples, including estimation of fluorine, traces of metals, sulphate, and many other determinations.

(See also page 152)

FERTILISERS AND FEEDING STUFFS

Of the fifty-one samples taken under the Fertilisers and Feeding Stuffs Act, 1926, there were thirty-nine samples of fertilisers and twelve of feeding stuffs.

So far as the fertilisers are concerned, the amateur gardener buying his "artificials" in Leicester, need have little fear that his wants will not be up to standard. All that is then required of him is to follow the instructions on the package carefully. He would be well advised to pay more attention to the statement of analysis, since different brands of the same fertiliser vary quite considerably in their composition, and it does not necessarily follow that the prices do so in a corresponding manner! For instance, a year or two ago, we were examining two samples of dried blood; the first was neatly packeted with an attractive label, but the net weight of the contents was only just 3 ozs. and the price one shilling. The second, in a plain brown paper bag, contained the same percentage amount of nitrogen as the other, but weighed over one pound and sold for one shilling. In other words, the first sample was five times dearer than the second—a rather high price to pay for a cardboard carton!

In the cases of five samples of hydrated lime which we analysed, we found that the percentage of calcium hydroxide varied from 76.8 to 94.2 per cent., nearly 20 per cent. Such differences must of necessity be allowed for when applying the fertiliser.

During the year, we were informed by the Ministry of Agriculture that they took as serious a view of an excessive quantity of one or more of a fertiliser's or feeding stuff's constituents as of a deficiency of one of these. The reason was that other batches of the material concerned would necessarily be deficient if the original total mix was made in the correct proportions. We had hitherto regarded with considerable leniency such samples which we thought were non-prejudicial to the purchaser.

Domestic poultry keepers, we imagine, represent the greatest buyers of feeding stuffs within the city; accordingly ten balancer meals out of a total of twelve feeding stuffs were examined during the year, and four of these were unsatisfactory. These will be dealt with later.

A sample of Dried Blood 52/FF/5 was found to contain an excess of 9.4 per cent. nitrogen over that stated. An informal follow-up sample taken sometime later was similarly excessive in nitrogen content to the extent of 12.3 per cent. The ensuing correspondence with the firm concerned, revealed that the fertiliser analysis forms had been printed some time previous to the dried blood being purchased; the manager undertook to make the necessary alterations in the forms.

Sample No. 52/FF/15 of National Growmore Fertiliser was 18.3 per cent. deficient in potash content; follow-up sample, 52/FF/37, taken from the same shop a few weeks later proved to be satisfactory in all respects.

The Fertilisers and Feeding Stuffs Act requires that a statement of analysis must include single figures and not limits for constituents. The vendor of dried blood No. 52/FF/20, was guilty of carelessness in this respect and, after interviewing and cautioning, he agreed to amend his statement to the required form.

Three samples of a compound fertiliser from the same merchant were found to be deficient in nitrogen. After being cautioned, the vendor wrote that he had withdrawn the rest of the stock from sale and returned it to the manufacturers.

Even the best of us make mistakes, and it seems agricultural salesmen are no exception. We were visited one day by a gentleman who, using shrewd observation, noticed that the material he purchased as "super-phosphate of lime" did not appear to resemble that commodity. Another sample (52/FF/25) was taken from the same shop and, although analysis showed it to be up to standard in total phosphoric acid, the soluble portion of this was non-existent. (In ordinary "supers" nearly all the phosphate is soluble.) Our Inspector found that another type of phos-

phate fertiliser had been supplied in error, and the vendor took steps to see that this did not happen again.

One of the great difficulties in fertiliser manufacture is to obtain a product which is entirely homogeneous. This ideal is seldom reached, and it is not surprising when one thinks of some of the mixes which are made in compounding. It sometimes happens that a small sample, such as that submitted to us for analysis, is not representative of a whole batch. This circumstance arose in the case of a tomato fertiliser, No. 52/FF/29, whose three principal ingredients were all in excess of that stated. The manufacturers employed rigorous analytical control over their products; they freely admitted that our analytical figures were correct, but maintained that they did all that was humanly possible to ensure that the bulk analysis conformed to that on the statutory statement.

Steamed Bone Meal (No. 52/FF/32) contained 2.1 per cent. nitrogen when its accompanying statement gave the figure of 0.65 per cent. This was a small excess, it is true, but nevertheless we were bound to make enquiries which revealed that although the manufacturers concerned went to a lot of trouble to ensure that each batch of their fertiliser was examined by their County Analyst, in the case of the above bone meal, however, we found that the analyst's figures fully substantiated those we had obtained. The fertiliser had been sent out to the retailers before the statement was amended. The manufacturers undertook to make sure that this did not recur.

Although satisfactory in other respects, steam bone flour (52/FF/33) was not accompanied by a statutory statement of analysis, which had in error been unaccountably omitted by the manufacturers. They promised to take steps to prevent further contravention of the Fertilisers and Feeding Stuffs Act.

Another Bone Meal, 52/FF/35, contained an excessive quantity of phosphoric acid over that stated. In this case the suppliers (who were not the manufacturers) gave, in ignorance of the appropriate legislation, analytical figures which were lower than those supplied to them by the manufacturers, in order to allow for possible deterioration of the product due to storage. In actual fact, deterioration of the product would lead to a higher figure for the nitrogen content which, according to the Act, allows a proportionate increase in the phosphoric acid content also. The suppliers undertook to give on their statement the actual figures obtained from the bulk analysis.

Substitution of High Protein Cake for Malt Culms, which contain more fibre and protein than the former, led to the declaration accom-

panying Poultry Balancer Meal, 52/FF/39, being high in fibre. Analysis showed the meal to be 31 per cent. deficient of the amount stated, and the sample was of a better quality than that obtained when the malt culms were an ingredient of the meal. The manufacturers agreed to amend their statement accordingly.

The form of the statutory statement accompanying poultry balancer meal 52/FF/40, was not in accordance with the requirements of the Fertilisers and Feeding Stuffs Act, which prescribes that a definite amount of each ingredient be shown. The vendor's attention was drawn to this and he immediately agreed to put matters right.

The third sample of poultry meal, 52/FF/41, found incorrect, contained 20.25 per cent. albuminoids instead of the certificated 18.0 per cent.—an excess of 12½ per cent. Subsequent correspondence with the vendor showed that his supplier had been required by the Ministry of Food to print new analysis slips in consequence of a revised Regulation of Manufacture. These slips had not been printed in time to be put on the vendor's delivery of meal. He thus used ones which did not actually relate to the consignment he had received; as soon as he knew the reason for our complaint he corrected the error.

The possible deviation in analysis of a small sample from that of a large mix was again demonstrated in the case of poultry balancer meal No. 52/FF/42, which was 17.6 per cent. deficient of the declared amount of albuminoids. The compounders evidently employed strict and systematic laboratory control of their products. They complained of the difficulty of making mixes with present-day controlled materials, whose analysis fluctuated from batch to batch, to the comparative ease of manufacture before controls were introduced. It would seem here that a more tolerant view must be taken of variations from declared analysis, and we believe that a movement is afoot to revise the Fertilisers and Feeding Stuffs Regulations to allow for such variations.

Private samples of fertilisers and feeding stuffs submitted to us for analysis were: sulfurophosphate and basic slag for phosphate content; two samples of compost for composition; two liquid manures from the Cleansing Department, in connection with the manufacture of this from slaughter-house waste materials; two pig foods by a veterinary surgeon who suspected that the food may have been the cause of bowel inflammation and consequent death of a pig—this was not confirmed by our examination.

ATMOSPHERIC POLLUTION

In the past few months the problem of Atmospheric Pollution has been featured in the local and national press, and many opinions from

semi-technical and non-scientific persons have been expressed. Generally these opinions take the form of comparisons of the state of the atmosphere with other cities, the basis of the comparisons being the statistics published in the Atmospheric Pollution Bulletin by the Department of Scientific and Industrial Research. However, whilst it is advantageous that the dangers of a polluted atmosphere should be brought to the notice of the public, it is at least desirable that the interpretation of such statistics that are available regarding this problem, should be carried out by competent persons.

One local weekly newspaper seized upon this problem for a sensational headline, and in their anxiety to impress the reader, so exaggerated the existing conditions that it is a wonder the average visitor dares to breathe on entering the City !

The incidence of atmospheric pollution depends upon many diverse factors; but apart from a minor quantity of noxious dust and gases inherent in local industrial practice, the pollution is due mainly to the combustion of fuel, and the domestic fire is perhaps the greatest offender in this respect.

The pollution substances comprise a group of solids—unburned or partially burned coal dust, ash dust, coke particles and tarry soot, and gaseous sulphur dioxide. It is the solid material which causes the dirt visible on formerly white stone and concrete buildings, whilst the sulphur dioxide by its acidic nature, is the major cause of the corrosion of stone and metal work.

It is obvious that such conditions should be sufficient cause for alarm, and every endeavour must be made to rectify such matters. But unfortunately comparison of conditions in Leicester has been made with those in other industrial cities. To quote a leader in a local newspaper :

> "Leicester may look a clean city and by reputation it is known far and wide, as such. Take a look at the Town Hall Square today and it is hard to believe that in January, 1952, the measure of air pollution recorded there varied between 23 tons and 40 tons to the square mile (compared with a yearly average in Birmingham of 23 tons, Glasgow 26 tons, and Manchester 18 tons)".

It is erroneous to compare the deposit in a single month—especially a Winter month, when, due to more heating appliances being in action, the atmosphere pollution is greatest—with a yearly average. It is also fallacious to compare results of one city with another since the mere position of the recording deposit gauge can influence the results to a very great degree. If one gauge is sited in an industrial area, especially

a slum area, then different and worse results can be expected from those obtained from a gauge situated in say a purely administrative area. Before comparison is made, therefore, a knowledge of the type of site of such gauges must be known. There is no doubt that, in our experience, the moving of a gauge by only a few yards can influence such results enormously. From this one might conclude that such estimations then are of little value, they do, however, serve to indicate if the atmosphere is improving or otherwise, in that particular area—and for that particular area only.

Then it may reasonably be assumed that whatever variation occurs here, a similar variation might influence the whole of Leicester's atmosphere; but the measure of pollution obtained cannot be regarded as specific for the whole area and is, therefore, of no use for comparison with other cities. It is for this reason that such statistics published in the bulletin previously mentioned, are stated to be confidential and not for publication. The newspaper articles quoted above have therefore committed a breach of faith in this respect.

Table P indicates the trend of pollution in the Town Hall Square and it is pleasing to note that 1952 has produced an improvement ; the average total deposit being 26.72 tons per square mile per month as compared with 32.76 tons for the previous year. Again it must also be noted that the average monthly rainfall of 1.98 inches for 1952 was less than that of 1951 (i.e. 2.50 inches); this is stressed since the rainfall does have an effect upon the deposits collected. The greater the frequency of rainfall through a dirty atmosphere, the greater its washing efficiency, and therefore the deposit gauge record will be nearer the truth. However, if there is no rainfall, then the solid deposit collected in the gauge will be entirely fortuitous and depend upon that which happens to be borne there by gravity or by the wind. This again serves to indicate the fallacy of comparison.

Much scientific investigation has been done in regard to this problem, but the above few remarks might help to indicate that much work remains to be done, and that the state of the atmosphere of a city the size of Leicester, cannot be evaluated by means of only one or two gauges.

TABLE A

Summary of Samples Analysed during 1952

Food and Drugs Act, 1938 :		
Samples submitted by Sanitary Inspectors..	1028	
Samples submitted by the Public ..	21	
Shellfish (Bacteriological Samples) ..	42	
	—	1,091
Bacteriological Milk Samples examined for **Chemical** composition		1,511
Fertilisers and Feeding Stuffs Act, 1926 :		
Samples submitted by Sanitary Inspectors..	50	
Submitted privately	1	
	—	51
Rag Flock Act, 1911 :		
Samples submitted by Sanitary Inspectors..		4
Milk (Special Designation) Regulations, 1949		1,511
Milk (Phosphatase Test)		1,299
Atmospheric Pollution Samples ..		363
Miscellaneous Samples from other sources :		
Health Department	175	
Water Department	961	
Other Corporation Departments.. ..	12	
Miscellaneous	161	
	—	1,309
Total		7,139

TABLE B

FOOD AND DRUGS ANALYSED DURING 1952

(Sampled by Sanitary Inspectors under the Food and Drugs Act)

Foods Analysed :

Sample	No.	Sample	No.
Milk	186	Mussels	36
Baby Foods (Strained)	6	Mustard	1
Beers	33	Molasses (Crude Black)	1
Butter	6	Mineral Waters, Fruit Squashes and Cordials	17
Bacon	6	Oysters	6
Beans (Canned)	6	Oatmeal	4
Baking Powder	6	Oatmeal (Malted)	1
Coffee and Coffee Mixtures	16	Potatoes	1
Coffee and Chicory Extract	1	Potato Preserver	3
Cereals (Baby)	4	Peas (Canned)	12
Cheese	6	Puddings (Christmas)	4
Condensed Milk	3	Pudding Mixtures (General)	2
Chips (Potato)	3	Pepper (White)	4
Confectionery (Flour)	18	Pepper-flavoured Compound	2
Confectionery (Sugar)	16	Polony	3
Cooking Fat (Sweetened)	1	Raising Powder (Golden)	9
Custard Powder	5	Rice	4
Cocoa	3	Rice (Mock)	1
Cream (Synthetic)	2	Sauces	15
Coconut (Desiccated)	4	Sausage	69
Fruit (Canned)	3	Soup Powders	12
Fish Paste	3	Soup (Canned)	6
Fish Cakes	4	Salad Cream and Mayonnaise	10
Flour (Self-raising)	6	Spirits	2
Gelatine (Powdered)	3	Sugar	6
Herbs (Dried)	8	Sago	4
Honey	3	Semolina	3
Ice Cream	110	Stuffing	9
Ice Cream Powder	1	Tomato Ketchup	5
Iced Lollipops	19	Tea	11
Jellies	12	Tapioca	4
Jelly Crystals	1	Vinegar	9
Jam	15	Wine (British)	2
Lemon Curd	3	Welsh Rarebit	1
Mincemeat	6	Yoghourt	1
Meringue Powder	1		
Milk Powder (Skimmed)	1		
Meat (Canned)	1	Total	818
Meat Paste	7		

TABLE B—*continued*

Drugs Analysed :

Sample	No.	Sample	No.
A.P.C. Tablets	4	Magnesium Carbonate	12
Aspirin Tablets	18	Parrish's Food	6
Ammoniated Tincture of Quinine	4	Potassium Permanganate	6
Boric Ointment	9	Rose Hip Syrup	2
Boric Acid Powder	5	Soda Mint Tablets	12
Borax	6	Sulphur Ointment	3
Blackcurrant Syrup	1	Saccharin Tablets	19
Compound Codeine Tablets	6	Seidlitz Powder	19
Compounded Medicines	7	Sodium Bicarbonate	6
Calcium Lactate Tablets	6	Sal Volatile	6
Calomel Tablets	6	Tincture of Iodine	14
Cream of Tartar	4	Vitamin C Tablets	3
Epsom Salts	12	White Precipitate Ointment	9
Glauber's Salt	6	Zinc Ointment	9
Hydrogen Peroxide	12	Drugs	252
Health Salts	4	Foods	818
Indigestion Tablets	4	Total Food and Drugs	1,070
Liquorice Powder	6		
Lime Water	6		

TABLE C. Milk Samples "Not Genuine"

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
289	Milk (ex-roundsman) ..	Formal	8.0% deficient Solids-not-Fat. The freezing point indicated the presence of 9% added water	Dairyman fined £10 for insufficient care in protecting the milk prior to sale
119	Tuberculin Tested Milk ..	Bacterial	23% deficient of fat	Reported to Chief Sanitary Inspector
481	Tuberculin Tested Milk ..	Bacterial	7% deficient Solids-not-Fat. The freezing point indicated the presence of 3.4% added water	Formal follow-up samples taken, Nos. 508, 509 and 510
508	Milk	Formal	5.6% deficient Solids-not-Fat. The freezing point indicated the presence of 1.7% added water	Follow-ups of Bacterial Milk No. 481
509	Milk	Formal	2.35% deficient of Solids-not-Fat. No added water present	Nos. 542, 543 and 545 formal samples taken as follow-ups
510	Milk	Formal	1.18% deficient Solids-not-Fat. No added water present	
542	Milk	Formal	6.8% deficient Solids-not-Fat ..	Follow-ups of formal milks Nos. 508, 509 and 510
543	Milk	Formal	6.8% deficient Solids-not-Fat ..	"Appeal to Cow" samples proved satisfactory. Farm visited by Ministry of Agriculture Official
545	Milk	Formal	6.0% deficient Solids-not-Fat ..	
623	Tuberculin Tested Milk ..	Bacterial	2.2% deficient Solids-not-Fat ..	
625	Tuberculin Tested Milk ..	Bacterial	2.4% deficient Solids-not-Fat ..	
635	Tuberculin Tested Milk ..	Bacterial	2.8% deficient Solids-not-Fat ..	High mineral contents confirmed that samples were naturally poor quality milks. Sanitary Inspector advised farmers
636	Tuberculin Tested Milk ..	Bacterial	1.88% deficient Solids-not-Fat ..	
642	Tuberculin Tested Milk ..	Bacterial	4.1% deficient Solids-not-Fat ..	
647	Tuberculin Tested Milk ..	Bacterial	2.66% deficient Fat and 0.71% deficient Solids-not-Fat ..	
648	Tuberculin Tested Milk ..	Bacterial	5.0% deficient Solids-not-Fat ..	

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
681	Tuberculin Tested Milk ..	Bacterial	12.7% deficient Fat	Formal samples taken Nos. 583 and 588
583	Milk	Formal	10% deficient Fat	Follow-ups of Bacterial Milk No. 681. Further samples taken were genuine
588	Milk	Formal	2.6% deficient Fat	
738	Milk	Formal	4.7% deficient Solids-not-Fat. No added water present	Further follow-up samples taken, Nos. 111, 112, 113, 114 and 115, which were all genuine, except No. 111
739	Milk	Formal	2.4% deficient Solids-not-Fat. No added water present	
740	Milk	Formal	7% deficient Solids-not-Fat. No added water present	
741	Milk	Formal	7.1% deficient Solids-not-Fat. No added water present	
111	Milk	Informal	14% deficient Fat	Follow-up of Nos. 738–741. Other samples proved to be genuine
888	Tuberculin Tested Milk ..	Bacterial	1.7% deficient Solids-not-Fat ..	Reported to Chief Sanitary Inspector
891	Tuberculin Tested Milk ..	Bacterial	Contained black deposit at the bottom of the bottle	Reported to Chief Sanitary Inspector
895	Tuberculin Tested Milk ..	Bacterial	2.24% deficient Solids-not-Fat. Low mineral matter and slightly low freezing point depression together indicated presence of a small amount of extraneous water	Reported to Chief Sanitary Inspector
169	Tuberculin Tested Channel Islands Milk	Bacterial	7.5% deficient of Fat	Reported to Chief Sanitary Inspector
199	Tuberculin Tested Milk ..	Bacterial	1.4% deficient Solids-not-Fat. Small amount of added water present	Formal follow-up samples taken, Nos. 799, 800, 907 and 908
200	Tuberculin Tested Milk ..	Bacterial	2.7% deficient Solids-not-Fat. Small amount of added water present	

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
799	Milk	Formal	3.18% deficient Solids-not-Fat. No added water present	Follow-up of Bacterial Milks Nos. 199 and 200
651	Tuberculin Tested Milk ..	Bacterial	9% deficient Fat	Reported to Chief Sanitary Inspector
657	Tuberculin Tested Milk ..	Bacterial	5% deficient Solids-not-Fat ..	Reported to Chief Sanitary Inspector
658	Tuberculin Tested Milk ..	Bacterial	7.3% deficient Solids-not-Fat ..	Reported to Chief Sanitary Inspector
662	Tuberculin Tested Milk ..	Bacterial	2.9% deficient Solids-not-Fat ..	Reported to Chief Sanitary Inspector
669	Tuberculin Tested Milk ..	Bacterial	14.6% deficient Fat	Formal follow-up samples taken, Nos. 926, 927, 928, 929 and 930
926	Milk	Formal	20% deficient Fat	Follow-up samples of Bacterial Milk No. 669. Leaking cooler discovered by farmer
927	Milk	Formal	10% deficient Fat	
928	Milk	Formal	16% deficient Fat	
929	Milk	Formal	16% deficient Fat	
930	Milk	Formal	6% deficient Fat	
694	Milk	Informal	Deficient of 6% Fat and 15.5% Solids-not-Fat. No added water present	Formal follow-up sample taken, No. 925
925	Milk	Formal	Deficient 15% Solids-not-Fat ..	Follow-up of No. 694. Farmer replacing cows giving naturally poor quality milk
738	Tuberculin Tested Milk ..	Bacterial	1.7% deficient Solids-not-Fat ..	Reported to Chief Sanitary Inspector
739	Tuberculin Tested Milk ..	Bacterial	2% deficient Solids-not-Fat ..	Reported to Chief Sanitary Inspector
879	Tuberculin Tested Milk ..	Bacterial	19% deficient Fat	Reported to Chief Sanitary Inspector
880	Tuberculin Tested Milk ..	Bacterial	14% deficient Fat	Reported to Chief Sanitary Inspector
888	Tuberculin Tested Milk ..	Bacterial	10.6% deficient Fat. No added water present	Reported to Chief Sanitary Inspector
908	Tuberculin Tested Milk ..	Bacterial	7.4% deficient Solids-not-Fat. Contained 7.9% added water	Formal follow-up samples taken, Nos. 931, 932, 933, 934, 935, 936 and 937

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
931	Milk	Formal	10.6% deficient of Solids-not-Fat. Freezing point indicated presence of approximately 8.1% of added water	
932	Milk	Formal	5.6% deficient of Solids-not-Fat. Freezing point indicated the presence of 8.3% added water	
933	Milk	Formal	4.4% deficient of Solids-not-Fat. Freezing point indicated the presence of 8.6% added water	
934	Milk	Formal	2.9% deficient Solids-not-Fat. Freezing point indicated the presence of 7.7% added water	Inspector visited farmer, who discovered a leak in the cooler, which he repaired immediately
935	Milk	Formal	3.6% deficient Solids-not-Fat. Freezing point indicated the presence of 7.7% added water	
936	Milk	Formal	3.3% deficient Solids-not-Fat. Freezing point indicated the presence of 8.1% added water	
937	Milk	Formal	10% deficient Solids-not-Fat. Freezing point indicated the presence of 6.8% added water	
913	Tuberculin Tested Milk ..	Bacterial	3.3% deficient Solids-not-Fat. No added water present	Formal follow-up samples taken, Nos. 938 and 939
914	Tuberculin Tested Milk ..	Bacterial	3.3% deficient Solids-not-Fat ..	
938	Milk	Formal	19% deficient Fat and 5.4% deficient Solids-not-Fat	Follow-ups of Bacterial Milk, Nos. 913 and 914
939	Milk	Formal	2.1% deficient Solids-not-Fat	

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
975	Tuberculin Tested Milk ..	Bacterial	0.7% deficient Solids-not-Fat ..	Reported to Chief Sanitary Inspector
1135	Tuberculin Tested Milk ..	Bacterial	2.33% deficient Solids-not-Fat. Freezing point indicated the presence of 4.1% added water	Formal follow-up sample taken, No. 954
954	Milk	Formal	1.3% deficient Solids-not-Fat. Freezing point indicated the presence of 1.5% added water	Follow-up of Bacterial Milk No. 1135
1207	Tuberculin Tested Milk ..	Bacterial	2% deficient Solids-not-Fat. No added water present	Reported to Chief Sanitary Inspector
1365	Tuberculin Tested Milk ..	Bacterial	1.7% deficient Solids-not-Fat. High ash and normal freezing point indicated sample was an abnormal one	Reported to Chief Sanitary Inspector
1367	Tuberculin Tested Milk ..	Bacterial	5.3% deficient Solids-not-Fat. Freezing point indicated the presence of 5.2% added water	Reported to Chief Sanitary Inspector
1607	Tuberculin Tested Milk ..	Bacterial	4.7% deficient of Solids-not-Fat. Freezing point indicated the presence of 7.5% added water	Formal follow-up sample taken, No. 1016
1016	Milk	Formal	2.66% deficient fat	Follow-up of No. 1607. Sanitary Inspector visited farmer
1622	Tuberculin Tested Milk ..	Bacterial	11.3% deficient fat	Reported to Chief Sanitary Inspector
1584	Tuberculin Tested Milk ..	Bacterial	0.7% deficient Solids-not-Fat. No added water present	Reported to Chief Sanitary Inspector
1585	Tuberculin Tested Milk ..	Bacterial	3.5% deficient Solids-not-Fat. No added water present	Reported to Chief Sanitary Inspector

TABLE D(*a*). Food and Drug Samples other than Milk reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S.156	Bread	Private	Contained a foreign body. (Flour beetle)	Bakery manager cautioned
S.163	Bread	Private	Contained a foreign body. (Piece of solder)	County baker; no further action taken
559	Butter Sweets	Informal	44.0% deficient of butter-fat ..	Reported to Ministry of Food. Further formal sample taken, No. 760
560	Butter Sweets	Informal	42.7% deficient of butter-fat ..	Reported to Ministry of Food. Further formal sample taken, No. 761
760	Butter Sweets	Formal	Deficient of at least 62.5% butter-fat	Taken as follow-up of No. 559, but found to be of different manufacture. Action abandoned.
761	Butter Sweets	Formal	Deficient of at least 62.5% butter-fat	Taken as follow-up of No. 560, but found to be of different manufacture. Action abandoned
S154	Cake	Private	Contained a foreign body. (Wire paper clip)	Baker advised on organisation of bakery
S.157	Cake	Private	Contained a foreign body. (Piece of solder)	Baker cautioned
S.149	Corn Flakes	Private	Contained a foreign body. (Corn dust impregnated with vegetable oil)	Manufacturer cautioned
S.148	Egg Flip	Private	Misleading label	Consulted Ministry of Food
S.152	Fruit Squash	Private	Contained masses of slimy black mould	Cautioned vendor
497	Grapefruit Crush	Informal	Contained 87.8% in excess of the required amount of saccharin	Further informal sample taken, No. 801

TABLE D(*a*)—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
605	Grapefruit Crush	Informal	Contained 96.3% in excess of the required amount of saccharin	Further informal sample taken, No. 801
801	Grapefruit Crush	Informal	100% excess of saccharin	Follow-up of Nos. 497 and 605. Cautioned by Public Analyst; Sanitary Inspector visited works
4770	Ice Cream	Informal	Deficient of 20% fat	Formal sample taken and found to be genuine
8	Ice Cream	Informal	Deficient of 40% milk-solids-not-fat	Informal follow-up sample taken, No. 57
57	Ice Cream	Informal	46.7% deficient of milk-solids-not-fat, and 44% fat	Follow-up sample of No. 8. Manufacturer cautioned
125	Ice Cream	Informal	10.6% deficient of milk-solids-not-fat	Follow-up sample taken was genuine
141	Ice Cream	Informal	14.6% deficient of milk-solids-not-fat	Follow-up sample taken was genuine
282	Ice Cream	Informal	14.6% deficient of milk-solids-not-fat	Manufacturer cautioned. Formal sample taken was genuine
311	Ice Cream	Informal	13.3% deficient of milk-solids-not-fat	Manufacturer cautioned. Formal sample taken, No. 4797
4797	Ice Cream	Formal	13.3% deficient of milk-solids-not-fat	Follow-up of No. 311. Manufacturer cautioned by Public Analyst
861	Ice Cream	Informal	25% deficient of fat	Formal sample taken which was genuine
715	Jelly (Crystals)	Informal	21% deficient of required amount of sugar	Formal follow-up sample taken, No. 762
762	Jelly (Crystals)	Formal	10.3% deficient of required amount of sugar	Follow-up of No. 715. Manufacturer cautioned
558	Luncheon Meat	Informal	Contained excessive tin	Rest of stock surrendered

TABLE D(*a*)—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
4769	Milk Powder (skimmed) ..	Informal	Contained foreign material, probably of vegetable origin	Stock withdrawn from sale
S.167	Milk Bottle	Private	Foreign substance present ..	Inspector visited vendor's premises
4124	Mussels	Informal	20% clean	Follow-up sample taken which was genuine
4128	Mussels	Informal	50% clean	Follow-up sample taken later, No. 4130, which was not genuine
4129	Mussels	Informal	30% clean	
4130	Mussels	Informal	30% clean	M.O.H. made enquiries re source so that the matter be fully investigated
4134	Mussels	Informal	Nil % clean	Follow-up sample taken which was genuine
4138	Mussels	Informal	10% clean	ditto
4142	Mussels	Informal	50% clean	ditto
4145	Mussels	Informal	10% clean	ditto
1291	Molasses (Crude, Black) ..	Informal	Incorrectly labelled	Cautioned. Remainder of stock withdrawn from sale. Vendor agreed to have correct labels printed
1513	Mint (Dried)	Informal	Lacked aroma	Follow-up sample taken, No. 1528
1528	Mint (Dried)	Informal	Lacked aroma	Follow-up of No. 1513. Stock withdrawn from sale
1054	Sago	Informal	Wrongly described as tapioca ..	Cautioned
1055	Sago	Informal	Wrongly described as tapioca ..	Cautioned
4100	Sausage (Beef)	Formal	128 p.p.m. sulphur dioxide not declared	Cautioned by M.O.H.
229	Sausage (Beef)	Formal	6.2% deficient of required minimum content of meat	Cautioned by M.O.H.
230	Sausage Meat (Beef) ..	Formal	27.6% deficient of the required minimum content of meat	Cautioned by Ministry of Food

TABLE D(*a*)—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
272	Sausage (Beef)	Formal	12.2% deficient of the required minimum content of meat	Fined £15
901	Sausage (Beef)	Formal	62.0% deficient of the required minimum content of meat	Action abandoned
902	Sausage (Beef)	Formal	15.2% deficient of the required minimum content of meat	Action abandoned
763	Sausage (Beef)	Formal	48 p.p.m. sulphur dioxide not declared	Vendor cautioned by M.O.H.
765	Sausage (Beef)	Formal	11.6% deficient of the required minimum meat content	Cautioned by M.O.H.
969	Sausage (Beef)	Formal	26.8% deficient of the required minimum meat content	Prosecution abandoned
258	Sausage (Pork)	Formal	17.2% deficient of the required minimum meat content	Cautioned by Ministry of Food
259	Sausage (Pork)	Formal	13.7% deficient of the required minimum meat content	Cautioned by Ministry of Food
228	Sausage (Pork)	Formal	16.1% deficient of the required minimum meat content	Cautioned by Ministry of Food
501	Sausage (Pork)	Formal	42.9% deficient of the required minimum meat content	Fined £2
502	Sausage (Pork)	Formal	36.2% deficient of the required minimum meat content	Fined £10
503	Sausage (Pork)	Formal	7.08% deficient of the required minimum meat content	Vendor cautioned by M.O.H.
706	Sausage (Pork)	Formal	18.6% deficient of the required minimum meat content	Fined £1
707	Sausage (Pork)	Formal	6.9% deficient of the required minimum meat content	Vendor cautioned by M.O.H.
764	Sausage (Pork)	Formal	Contained 136 p.p.m. sulphur dioxide which was undeclared	Cautioned by M.O.H.

TABLE D(*a*)—*continued*

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
904	Sausage (Pork)	Formal	13.5% deficient of the required minimum meat content	Vendor fined £5
905	Sausage (Pork)	Formal	Contained 40 p.p.m. sulphur dioxide which was undeclared	Cautioned by M.O.H.
909	Sausage (Pork)	Formal	Contained 152 p.p.m. sulphur dioxide which was undeclared	Cautioned by M.O.H.
947	Sausage (Pork)	Formal	7.0% deficient of the required minimum meat content	Cautioned by M.O.H.
956	Sausage (Pork)	Formal	4.9% deficient of the required minimum meat content	Cautioned by M.O.H.
957	Sausage (Pork)	Formal	15.8% deficient of the required minimum amount of meat	Fined £10
961	Sausage (Pork)	Formal	Contained 200 p.p.m. undeclared preservative	Vendor cautioned by M.O.H.
975	Sausage (Pork)	Formal	Contained 96 p.p.m. undeclared preservative	Vendor cautioned by M.O.H.
742	Soup	Informal	Misleading label	Ministry of Food contacted manufacturer who promised to amend labels
S.164	Sugar	Private	Contained 1% sodium chloride ..	No action taken, as probably due to accidental admixture in home
1046	Tapioca	Informal	Wrongly described as sago ..	Vendor cautioned
277	Vinegar	Informal	Non-brewed condiment wrongly described as vinegar	Cautioned by M.O.H.
S.155	Vinegar	Private	Heavily infected with vinegar eels ..	Inspector visited vendor, but rest of stock sold

TABLE D(*b*). Drug Samples reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
376	Boric Ointment B.P. ..	Informal	875% excess boric acid and probably prepared according to B.P. 1932 ..	Cautioned by M.O.H. Public Analyst advised stock being returned to manufacturer to be let down with paraffin ointment to 1% boric acid
1015	Calomel Tablets	Informal	Contained 32% in excess of the declared amount of calomel. Tablets did not conform to B.P. standards of uniformity	Vendor cautioned ; tablets withdrawn from sale
985	Calcium Lactate Tablets ..	Informal	Deficient of 10.2% of the stated content of calcium lactate	Vendor cautioned ; tablets withdrawn from sale
160	Compound Powder of Liquorice	Informal	Contained an excess of 15.8% of sulphur	Vendor cautioned. Suppliers withdrew stock from sale
581	Glauber's Salt	Informal	Deficient of 15.7% of required water content	Rest of stock withdrawn from sale
637	Lime Water	Informal	Contained 22 p.p.m. of chloride instead of not more than 5.1 p.p.m.	Vendor stated lime water made up with tap water instead of distilled water
243	Ointment of Boric Acid ..	Informal	820% excess of boric acid ..	Cautioned by M.O.H. Sample prepared in error according to 1932 B.P.

TABLE D(*b*)—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1356	Saccharin Tablets	Informal	15% deficient of saccharin. Tablets did not conform to the prescribed standards of uniformity	Warning given verbally by Public Analyst to vendor
1525	Seidlitz Powders	Informal	Double strength Seidlitz Powder B.P.C. containing excessive tartaric acid	Manufacturer withdrew stock from sale
1611	Seidlitz Powders	Informal	Double strength Seidlitz Powder B.P.C. containing excessive tartaric acid	Manufacturer withdrew stock from sale
236	Tincture of Iodine ..	Informal	39.6% deficient of Potassium Iodide	Cautioned by M.O.H. Stock replaced
235	Tincture of Iodine ..	Informal	39.2% excess of iodine and 42.4% excess of potassium iodide	Manufacturer promised to exercise more care in future
257	Tincture of Iodine ..	Informal	6.8% excess of iodine and 7.2% excess of potassium iodide	Manufacturer promised to exercise more care in future
273	Tincture of Iodine ..	Informal	26.0% excess of iodine. Sample insufficient for complete analysis to be carried out according to B.P.	Informal follow-up samples taken, No. 367
367	Tincture of Iodine ..	Informal	12.4% excess of iodine, and 21.6% excess of potassium iodide	Follow-up of sample No. 273. Vendor cautioned by M.O.H., who informed manufacturer and withdrew rest of stock from sale

TABLE E

Results of Bacteriological Examinations of Milk, 1952

Grade	Total No. examined	Passed as satis-factory	No. which failed Me. Blue Test	More than 2.3 L.B.U.	% Satisfactory		
					1950	1951	1952
Tuberculin Tested (Farm Bottled).. .. (including 25 Channel Island Milks)	84	83	1	—	94.9	98.1	98.7
Tuberculin Tested	955	892	63	—	81.0	91.8	93.4
Tuberculin Tested (Pasteurised)	60	47	1	—	92.3	89.7	98.0
Test Void	12						
Pasteurised	275	235	1	—	93.1	96.2	99.5
Test Void	39						
School Milk (Pasteurised)	70	63	—	—	91.2	94.5	100.0
Test Void	7						
Accredited	16	12	4	—	—	100.0	75.0
Sterilised	51	51	—	—	100.0	98.1	100.0
Total	1,511	1,383	70	—	92.1	93.7	95.2
Total Test Void..	58						

TABLE F. Swimming Bath Waters Examined during 1952

Bath	No. examined	No. having satisfactory bacteriological quality	B. Coli too numerous or total count more than 1,000 per ml.	No. in which chlorine dose was too high	% passed as bacteriologically satisfactory
Cossington Street	4	4	—	—	100
Aylestone	7	7	—	—	100
Spence Street	4	3	1	—	75
Vestry Street	14	14	—	—	100
Wyggeston Boys' School ..	2	1	1	—	50
Total (Corporation Baths) ..	31	29	2	—	93.5
Kenwood Pool	6	6	—	—	100
Humberstone Lido	7	7	—	—	100
Total (all Baths)	44	42	2	—	95.5

L

TABLE G. Fertilisers and Feeding Stuffs Analysed in connection with the Fertilisers and Feeding Stuffs Act during 1952

Sample	Number Examined	Number Satisfactory	Number Unsatisfactory		
			Composition Incorrect	Statutory Declaration Defective	Total Unsatisfactory
Fertilisers					
Bone Meal	3	1	2	–	2
Compound Fertilisers ..	8	4	4	–	4
Dried Blood	8	5	2	1	3
Ground Limestone ..	1	1	–	–	–
Lime (Hydrated)	5	5	–	–	–
Steamed Bone Flour ..	1	–	–	1	1
Sulphate of Ammonia ..	3	3	–	–	–
Sulphate of Potash ..	3	3	–	–	–
Superphosphate	4	2	2	–	2
Tomato Fertilisers ..	3	2	1	–	1
Feeding Stuffs					
National Pig Food No. 2 ..	1	1	–	–	–
No. 1 Dairy Nuts ..	1	1	–	–	–
Poultry Balancer Meal ..	10	6	3	1	4
Total	51	34	14	3	17
Private Fertilisers and Feeding Stuffs					
Sulfurophosphate ..	1	1	–	–	–
Basic Slag	1	1	–	–	–
Compost	2	2	–	–	–
Liquid Manure	2	2	–	–	–
Pig Food	2	2	–	–	–
Total	8	8	–	–	–

TABLE H.

Miscellaneous Samples examined for various Corporation Committees

Health Department		
Sulphur Cylinders	24	
Rain Water	24	
Dust	5	
	—	53
Waters—Chemical:		
Leakage Water	24	
Brook and River Water	6	
Tank Water	1	
City Supply	7	
	—	38
Waters—Bacteriological:		
City Supply	2	
	–	2
Miscellaneous:		
Breast Milk	2	
Bath Waters	45	
Copper Pipe	1	
Detergent	4	
Fertiliser	1	
Glass	1	
Grit	4	
Hypochlorite Solution	4	
Mineral Water Concentrate	1	
National Dried Milk	2	
Powder	1	
Prunes	1	
Rubber Tile	1	
Toilet Rolls	6	
Urine	2	
Weaning Food	1	
Phosphatase Milks	1,299	
Soap Samples for Annual Contract	58	
	—	1,434
Baths Department		
Sand	1	
	–	1
Markets Department		
Waters (Chemical)	2	
	–	2
Public Cleansing Department		
Grit	1	
Sewage	1	
Compost	1	
Liquid Fertiliser	1	
	–	4
Transport Department		
Disinfectants	4	
	–	4
Weights and Measures Department		
Milk	1	
	–	1
Water Department		
Waters (Chemical)	470	
Waters (Bacterial)	366	
Waters (Biological)	38	
Daily City Supply Waters	64	
Soil	10	
Lead Piping	1	
Kettle	1	
Chlorine Water	1	
Insects	2	
Ferric Chloride	1	
Hypochlorite Solution	1	
Jute Yarn	1	
Clay	4	
Brass Elbow	1	
	—	961
Total		2,500

TABLE I

Miscellaneous Samples examined from sources other than Corporation Departments

Article	No.	Article	No.
Arsenious Oxide	2	National Dried Milk	1
Anti-foam Compound ..	1	Oils (Lubricating)	7
Beer	1	Printers' Oil	1
Bath Water..	1	Pig Food	2
Bacon	1	Prunes	1
Basic Slag	1	Residue from car-tank ..	1
Contact Lens Solution ..	1	River Water	1
Crystals	3	Rubber floor Covering ..	2
Cheese Flavouring	1	Red Squill	1
Calcium Lactate Tablets ..	1	Soap and Deposit	2
Feathers (Swan's)	1	Sewage	11
Grit (Atmospheric)	1	Sardines	1
Ginger Beer	1	Still Fruit Squash	2
Glass Bottle	1	Sulphurophosphate	1
Jam	1	Sherry	1
Leather (Shearlings)	3	Waters (Chemical)	67
Lobster (Canned)	1	Waters (Bacterial)	28
Liquid Fertiliser	1	Watercress	2
Milks	4	White Powder	1
Medicine	1		—
Milk Bottle..	1	Total	163
Molasses (Crude Black) ..	1		—

TABLE J.

Samples submitted by Members of the Public

Article	No.	Article	No.
Bread	2	Molasses	1
Cornflakes	1	Prunes	1
Cake	2	Sausage	1
Condensed Milk	1	Superphosphate of Lime ..	1
Cooking Fat	1	Sugar	1
Fruit Squash	1	Sugar Confectionery	1
Grapes (Canned)	1	Vinegar (Malt)	1
Luncheon Meat	1		—
Label	1	Total	22
Milk	3		—
Milk bottle containing foreign substance	1		

TABLE L

Samples of Milk examined by the Phosphatase Test, 1952

Dairy	Number Examined	No. giving less than 2.3 Blue Units : Efficient Pasteurisation	% of Total Satisfactory 1952	% Satisfactory in previous years		
				1951	1950	1949
1	250	249	99.6	100.0	100.0	100.0
2	251	251	100.0	100.0	100.0	99.6
3	252	251	99.6	100.0	100.0	100.0
Test Void	1	—	—	—	—	—
4	44	42	95.4	100.0	100.0	100.0
5	252	252	100.0	99.2	100.0	—
8	250	249	99.6	98.7	98.3	99.6
Miscellaneous (mainly samples submitted for Bacteriological Tests)	140	139	99.2	92.2	100.0	100.0
Test Void	1	—	—	—	—	—
Total	1439	1,433	99.8	98.8	99.7	99.9
Total Test Void ..	2	—	—	—	—	—

TABLE K

Summary of Samples examined by Bacteriological Methods during 1952

Milk	1,445
Pasteurised Milk supplied to Schools	70
Reservoir and other Waters (for Water Committee)	366
Waters (for Health Committee)	2
Swimming Bath Waters	45
Miscellaneous Waters	28
Shellfish	42

TABLE M

B. Coli Content of Reservoir Water, 1952

Type of Water	No. of Samples	B. Coli Absent	Probable No. of B. Coli per 100 mls.			
			1—2	3—10	11—25	More than 25
Swithland						
Raw	3	–	–	–	–	3
Filtered	16	3	5	5	2	1
Chlorinated	16	16	–	–	–	–
Cropston						
Raw	3	1	–	–	1	1
Filtered	18	4	3	7	3	1
Chlorinated	17	17	–	–	–	–
Thornton						
Raw	13	–	–	1	3	9
Filtered	33	7	4	6	11	5
Chlorinated	30	30	–	–	–	–
Derwent	42	41	1	–	–	–
City Supply						
Routine Samples	53	52	1	–	–	–
Special Samples	63	53	2	3	5	–
Mains Samples	41	17	4	3	16	1
Miscellaneous						
Tanks and Wells	14	10	–	1	1	2
Brooks and Rivers	4	–	–	–	–	4

TABLE N. Ice Cream Samples examined during 1952

Producer	Fat Mean %	Milk Solids %	Sucrose Mean %	Ash Mean %	No. of Samples
1	7.3	8.5	14.1	0.83	10
2	7.5	7.7	13.2	0.51	2
3	9.8	8.4	10.3	0.92	2
4	5.1	8.7	12.4	0.60	13
5	9.7	7.4	11.4	0.58	4
6	7.7	8.1	13.7	0.94	5
7	10.2	8.2	14.2	0.71	4
8	8.0	7.8	12.4	0.69	5
9	7.7	10.5	14.0	0.90	4
10	8.6	9.4	13.1	0.81	1
11	12.8	7.4	14.1	0.54	9
12	10.7	8.0	14.1	0.74	5
13	8.2	10.7	9.9	1.07	7
14	10.0	7.4	14.5	0.63	6
15	9.4	8.2	13.4	0.69	6
16	12.2	11.1	12.6	0.96	8
17	8.6	7.0	10.5	0.68	2
18	6.6	8.2	14.2	0.79	5
19	8.6	8.4	15.0	0.57	2
20	8.7	10.0	11.0	0.81	5
21	6.8	12.9	14.4	0.96	5
Average ..	8.8	8.8	13.0	0.76	

TABLE O

Atmospheric Pollution

Lead Peroxide Method for SO_2 Average Monthly Figures for 1952

Results expressed in mgms. of SO_3 per 100 sq. cm. per day

Month	Station	
	Grey Friars	Westcotes
January	3.73	1.83
February	3.22	1.98
March	2.59	1.5
April	1.81	1.04
May	1.49	0.79
June	0.84	0.39
July	0.91	0.45
August	0.95	0.30
September	1.41	0.68
October	2.76	1.41
November	3.40	2.20
December	3.90	1.98

TABLE P. Atmospheric Polution

Figures obtained from Standard Deposit Gauges

Site of Gauge	Year	Average Monthly Rainfall Inches	Average Deposit in tons per square mile per month					
			Insoluble Deposit				Soluble Deposit	Total Deposit
			Tar	Soot	Ash	Total		
Town Hall Roof	1942	1.76	0.15	4.02	17.25	21.42	7.05	28.47
	1943	1.72	0.13	3.63	17.19	20.95	6.63	27.58
	1944	2.39	0.12	3.65	15.45	19.22	6.29	25.51
	1945	1.79	0.19	3.80	13.56	17.55	6.18	23.73
	1946	2.73	0.33	3.57	11.81	15.71	6.66	22.37
	1947	1.80	0.25	2.94	9.06	12.25	5.75	18.02
	1948	2.19	0.19	4.96	9.13	14.28	5.46	19.74
	1949	1.92	0.26	4.89	9.94	15.09	5.91	20.98
	1950	2.00	0.33	5.09	16.22	21.64	8.44	30.00
	1951	2.50	0.27	4.33	17.94	22.54	10.22	32.76
	1952	1.98	0.27	3.71	15.33	19.31	7.41	26.72
Average for 11 years		2.07	0.23	4.05	13.89	18.18	7.00	25.08
Evington ..	1951	2.84	0.11	1.15	1.84	3.10	3.76	6.86
	1952	2.04	0.12	1.96	3.05	5.13	3.91	9.04
Average for two years		2.44	0.11	1.55	2.44	4.11	3.83	7.95

APPENDIX V

Report on the Sanitary Inspection Department for the year 1952

FOREWORD BY THE MEDICAL OFFICER OF HEALTH

On the 31st December, 1952, Mr. F. G. McHugh, Chief Sanitary Inspector to the City of Leicester since 1922, retired. Thus, a period of thirty years' devoted service, directed towards the improvement of the health of his fellow citizens, ended.

For the last 17 years of this service, I had worked in almost daily touch and most intimately with Mr. McHugh, and I am well aware of his great qualities, and of his devotion to duty.

I would like to thank him for all his personal kindness to me and for the great example he gave to his staff.

The Department wishes him all happiness in his retirement.

Report on the Sanitary Inspection Department for the year 1952

by

F. G. McHUGH, F.R.San.I., F.S.I.A.
Chief Sanitary Inspector

This is my thirty-first and last report on the work carried out by the Leicester Sanitary Inspection department.

My duties terminated at the end of the year 1952 although I continued unofficially until the arrival of Mr. G. A. Hiller, my successor, early in January.

My predecessor was Francis Braley, who was appointed "Nuisance Inspector" in June 1873, so our joint service extended from 1873 to 1953. He retired in 1922. A period of service—eighty years to one

Sanitary Authority by two Sanitary Inspectors—is probably unique in this country.

The following table is of interest :

	No. of Inspectors	Population
1873	2	100,741
1922	8	238,240
1952	32	285,900

My many conversations with Mr. Braley, my predecessor, enlightened me as to the conditions existing in the Borough in 1873.

The Sanitary Committee of that time were much concerned about the very high infant mortality rate, the Annual Report for the Borough for 1872 shows that it was 231.3.

In 1873 Mr. Braley and his colleague Mr. Joseph Buxton appeared before the Sanitary Committee and were told (in Mr. Braley's own words) "to go out and find the cause of the high death-rate among young children". The two officers very soon produced evidence of grossly insanitary conditions which would account for the very high infant mortality rate. They found, situated close to cottages, deep foul ashpits and middens which were only emptied three or four times a year.

At this time the scavenging of the Borough was let out to ten contractors each taking an appointed district. The work was done by old men, and the rolling stock consisted of small carts drawn by ponies and donkeys. One may judge how well the work was done by the cost incurred. In the year 1875-6 the total expenditure on scavenging was only £903. Summer diarrhoea was very prevalent as might be expected. The Sanitary Committee decided that the best remedy for the state of things would be the substitution of the water closet system, but they were unable to do this owing to the inadequacy of the public water supply and the sewers. As a temporary expedient the Privy Pail System was adopted in place of the Privy Middens.

The owners of houses paid ten shillings for the first pail and the supply was afterwards kept up by the local authority without further charge being made. Each week an empty pail which had been cleansed was brought to the premises and the full pail was taken away intact.

About thirty years elapsed before a new main drainage scheme had been carried out by the Borough Council, and new reservoirs constructed.

In 1896 the Borough Council obtained powers under a Private Act which enabled them to abolish the Pail Closets and to substitute Water closets. This conversion to the Water closet system was carried out in about ten years, the Council contributing a sum of about £2 10s. 0d. per closet.

The Infant Mortality Rate which in 1872 was 231.3, in 1949 was 23.8, the lowest so far recorded in Leicester.

STAFF

At the end of the year the staff of Sanitary Inspectors was depleted by twenty-five per cent, those Inspectors leaving having secured more remunerative posts with better conditions under other local authorities. By better conditions I mean better means of transport, housing accommodation etc.

Although the vacancies are advertised in journals circulated throughout the country no suitable applicants are forthcoming.

Resignations

February	Mr. D. H. Francis	appointed to	Gloucester C.B.
July	Mr. A. Stewart	,, ,,	Grantham B.C.
September	Mr. D. Peckham	,, ,,	Exeter C.B.
October	Mr. P.E. Chattelle	,, ,,	Fareham U.D.C.
November	Mr. C. M. Holsgrove	,, ,,	Frome U.D.C.
October	Mr. P. J. Oakley	went into private business.	

Appointments

March	Mr. R. L. Pugh	from	Hereford B.C.
September	Mr. R. P. Jones	,,	Edeyrnion R.D.C., Corwen.

SYNOPSIS OF SANITARY INSPECTION WORK

	Inspections	Re-inspections	Total
Accumulations	128	73	201
Agricultural Produce (Grading and Marking) Act	11	—	11
Animals, Poultry, Swine, etc. ..	56	53	109
Ashpits and Ashbins	18	6	24
Bakehouses	73	24	97
Canal Boats	6	1	7
Cesspools	117	12	129
Closets—Water	737	1,251	1,988
„ Pails	14	13	27
Cold Stores	43	3	46
Common Lodging Houses	31	11	42
Complaints Received	4,628	—	4,628
Complaints Confirmed	3,535	—	3,535
„ „ Re-visits ..	—	11,265	11,265
Cowsheds	99	1	100
Dairies	250	5	255
Dangerous Structures	68	27	95
Ditches and Watercourses	84	13	97
Drains—Inspected	1,407	2,943	4,350
„ Smoke Tests	304	224	528
„ Chemical Tests	22	5	27
„ Colour Tests	242	33	275
Entertainment Houses	19	36	55
Factories	294	232	526
Fish Frying Premises	93	70	163
Food Examination	1,040	36	1,076
Food Manufacturing Premises ..	370	144	514
Food Vendors' Vehicles	14	31	45
Food Warehouses	401	9	410
Hotel and Restaurant Kitchens ..	270	918	1,188
Houses Let in Lodgings	17	11	28
Houses re Infectious Disease ..	1,209	174	1,383
„ „ „ Contacts	293	66	359
„ Specimens of Faeces, etc.	182	22	204
„ Disinfection	119	4	123
„ Overcrowding	739	44	783
„ Vermin	377	152	529
Housing Acts :			
Section 9 (Repairs)—			
Houses	1,340	4,946	6,286
Other Buildings	—	31	31
Section 11 (Individual Unfit)—			
Houses	85	49	134
Other Buildings	5	—	5
Section 25 (Clearance Areas)—			
Houses	336	377	713
Other Buildings	6	1	7
Special Visits	448	67	515
Carried forward	19,530	23,383	42,913

	Inspections	Re-inspections	Total
Brought forward	19,530	23,383	42,913
Ice Cream Premises	358	423	781
Markets—Retail Fish	331	3	334
„ Retail Provision	285	4	289
„ Wholesale Fish	425	—	425
„ Wholesale Fruit and Vegetable	145	1	146
Meeting with Owner or Tradesman ..	3,775	140	3,915
Merchandise Marks Act	323	18	341
Milk Shops	459	15	474
Offensive Trade Premises	11	1	12
Outworkers	1	—	1
Pet Animals Shops	27	2	29
Piggeries	13	52	65
Public Houses	1	—	1
Samples for analysis :			
visits, etc., re foodstuffs, water, rag flocks, etc.	2,764	21	2,785
Schools	16	—	16
Sewers, etc.	34	16	50
Shops—Fish	235	39	274
„ Fruit	297	56	353
„ Meat	430	91	521
„ Other Food Shops ..	1,002	400	1,402
Shops Acts	1,863	1,174	3,037
Slaughterhouses—Private	115	—	115
Smoke Observations	127	22	149
Special Visits re Smoke	260	109	369
Special Visits	3,056	233	3,289
Stables	41	14	55
Street Gullies	4	—	4
Streets or Back Roads	4	—	4
Tips	9	9	18
Urinals—Private	7	33	40
„ Public	50	10	60
Van Dwellings	198	332	530
Wells	11	7	18
Yards and Courts	52	27	79
Grand Totals	36,259	26,635	62,894
Comparative figures for 1951 ..	36,819	23,754	60,573
Notices—Served—Informal ..	..	..	2,201
Formal	..	..	50
Complied with—Informal ..	..	..	2,327*
Formal ..	..	..	44

*(Includes 1,329 notices served in previous years)

Samples—Bacteriological	.. .. ..	1,511
Fertiliser and Feeding Stuffs Act	.. ..	50
Food and Drugs Act	.. .. ..	1,028
Milk for T.B.	.. ..	55
Rag Flock Act	.. ..	4

CANAL BOATS

Several visits were made to the Belgrave Wharf and Canal Boats were inspected. One notice was served in connection with the infringement of the regulations. No case of infectious illness was reported.

CESSPOOLS AND PAIL CLOSETS

Number remaining December, 1952 :

Cesspools	.. ..	82 (89)
Pail closets	.. ..	73 (73)

IMPROVEMENTS TO HOUSES

	No. of houses
Separate internal water supply in place of taps in common yards	 40
Additional water closets	 38

DRAINS

Voluntary Cleansing of Stopped Drains by Health Department

Two hundred and forty-seven drains were attended to and of these 160 were unstopped immediately. In the remaining 87 cases the owners' attention had to be called to them.

DISINFECTION

Houses or parts of houses disinfected 708

Clothing and Bedding, etc., comprising 1,183 articles steam disinfected

DISINFESTATION

	Council Houses	*Other Houses*
Houses disinfested	254	418

Clothing and Bedding, etc., comprising 188 articles steam disinfested.

The department has no satisfactory premises and equipment to enable Disinfection and Disinfestation work to be done in a thoroughly up-to-date manner.

For some time past we have been trying to find suitable premises in a suitable position in which to install the necessary plant. The present

arrangement is that the department has the use of a steam disinfector at the Groby Road hospital but this is not adequate for disinfesting work in connection with Slum Clearance.

The four essentials to the scheme are :

1. A steam disinfector,
2. A chamber or a suitable van for fumigating with Hydrogen Cyanide,
3. A chamber for fumigating with less drastic fumigants than Hydrogen Cyanide—D.D.T. or Gammexane products,
4. Ample storage for motor vehicles.

ICE CREAM PREMISES, 1952

For Manufacture, Storage and Sale	For Sale of Prepacked only	For Sale of Double Wrapped only	Total
Hot Mix .. 13 Cold Mix .. 4 Freezing and Sale .. 1 Storage only 4	541	13	576
Total .. 22	541	13	576

Registration of Premises for the Manufacture of Ice Cream

Two premises were registered for the manufacture of Ice Cream during the year, and two premises discontinued the manufacture of Ice Cream. An application for the freezing, storage and sale of Ice Cream was approved.

Registration of Premises for the Sale of Ice Cream

Applications for the sale of ice cream, the majority of which is sold prepacked, continue to be received mainly from small shopkeepers. The Health Committee lays down conditions which require adequate hand washing facilities. During the year a new condition has been agreed that where greengrocery etc. is sold, ice cream can only be sold if it is double wrapped. All the manufacturers of ice cream have been interviewed and up to the end of the year five manufacturers have agreed to supply ice cream in double wrappings to shops where these conditions apply, and have submitted specimens of double wrapped ice cream which have been approved by the committee.

BACTERIOLOGICAL EXAMINATION OF SAMPLES OF ICE CREAM

The taking of samples of ice cream to ascertain its bacteriological standard has been continued during the year. Four grades are designated:

Grade I indicates a satisfactory standard of cleanliness.

Grade II and III are intermediate.

Grade IV is definitely unsatisfactory.

Samples were taken during the year with the following results:

Grade	Prepacked	Loose	Total	Percentage
I	77	83	160	81.2
II	12	10	22	11.2
III	—	9	9	4.6
IV	—	6	6	3.0
	—	—	—	
	89	108	197	
	—	—	—	

Eight samples graded 3 and 4 were taken in connection with the supply of ice cream where ice cream is conveyed to the premises unfrozen and sold to the public through a continuous freezer. Difficulties in connection with the vehicle used to convey the soft ice cream were overcome after investigation and action by this Department.

The percentage of ice cream in grade 1 and 2 is almost the same as last year (93%) but 5% more samples have been graded 1 this year than last year.

CHEMICAL EXAMINATION OF SAMPLES OF ICE CREAM

During the year the standards for the chemical composition of Ice cream were amended by the Food Standards (Ice Cream) Amended Order 1952, and are now 4% Fat, 5% Milk Solids not Fat and 10% Sugar of which not less than 7½% must be glucose, (December 1952).

111 samples of ice cream were sent for analysis during the year with the following average results:

Fat	Milk Solids-not-Fat	Sugar
8.4%	8.8%	12.8%

These results are well above the standard laid down.

The Leicester Corporation laid down a standard of not less than 8% Fat in all ice cream sold in the Public Parks and all the 11 samples, taken during the year, complied with this standard.

Two samples were reported deficient in Fat and Formal Samples were taken, each of which complied with this standard.

Four samples were reported as deficient in Milk Solids not Fat, investigations were made and advice given as to mixing of constituents. Further samples were taken and the result of the analysis were satisfactory.

The manufacture of Iced Lollipops increased during the year. 22 samples were taken and all were reported to be satisfactory, both chemically and bacteriologically.

EXAMINATION OF MILK FOR PRESENCE OF TUBERCLE BACILLI

Number of Samples of Milk taken for microscopical and biological examination for Tubercle Bacilli :

Year	1948	1949	1950	1951	1952
Number taken ..	24	55	47	46	55
Percentage containing Tubercle Bacilli ..	8.33	—	2.12	—	—

Details respecting samples taken

	Number of Samples taken	Number reported containing Tubercle Bacilli	Number reported negative	Number unsatisfactory although negative as regards Tubercle Bacilli
Cowkeepers with registered premises within City boundaries ..	39	—	34	5
From "Pasteuriser" Plants	16	—	16	–
Totals ..	55	—	50	5

OFFENSIVE TRADES

Particulars of all Offensive Trades in the City :

Number of Tripe Dressers	6
Number of Marine Store Dealers	9

RENT RESTRICTIONS ACTS

Certificates granted	nil

SLAUGHTERHOUSES

Particulars of all Slaughterhouses in the City :

*Private Slaughterhouses	26
Licensed Private Slaughterhouses (includes two Knackers' Yards)	3
Corporation Slaughterhouses situated at Cattle Market ..	19
Slaughterhouses situated at City Hospitals :	
Towers (Mental) Hospital	1
Leicester General Hospital	1
Total Slaughterhouses	50

*No slaughtering is being done in these slaughterhouses at present.

INSPECTION OF SHOPS

	Inspected	Re-inspected	Total
Fish	235	39	274
Fruit	297	56	353
Meat	430	91	521
Other Food Shops..	1,002	400	1,402
Shops Acts ..	1,863	1,174	3,037

	Contraventions	Work completed
Light	8	6
Ventilation	8	7
Heating	17	15
Sanitary accommodation ..	21	14
Washing accommodation ..	19	14
Meal facilities	6	6
Forms required	89	67
Seats required	4	4
Hot water required	97	62
Cleaning	12	9
Other defects	31	16

INSPECTION OF SHOPS

For the major part of the year three Inspectors have been engaged on the inspection of shops. Owing , however, to resignations of the Sanitary Inspection staff, two of these Inspectors have been put on other duties, and there is now only one Inspector doing Shops Act inspection work.

Heating, Lighting and Ventilation

There were few contraventions with regard to lighting and ventilation. Seventeen shops were provided with heating arrangements, mostly of the electric type.

Sanitary Accommodation

Additional sanitary accomodation has been provided in fourteen shops. This requirement has arisen on account of the employment of female staff, where formerly only males were employed.

Washing Facilities and Hot Water

Fourteen shops were provided with washing facilities, and sixty-two shops had a constant supply of hot water installed. This is now being accepted by shop-keepers as an essential to hygienic food production and service.

Cleaning and Decoration

The standard of cleanliness and decoration in shops is satisfactory.

Welfare of Shop Assistants

Employers recognise that good welfare conditions are essential to maintain an efficient service. There were a considerable number of contraventions with regard to the exhibiting of Shop Acts forms, these however, have been provided as a result of a notice from this department notifying them of their omission.

Clean Food Byelaws

Most of the larger food firms have been approached with regard to the protection of foodstuffs, the suggestions of the department have been favourably received. Additional food protection has been provided in sixteen shops.

Prior Approval

The liaison between this department and the food authorities has been continued throughout the year. All new applications for the sale of foodstuffs in shops are referred to us for approval.

CATERING PREMISES

The inspection of catering premises has continued during the year and the standard of cleanliness is gradually being improved. Much of the work is advisory and supervisory and the major difficulty in old premises is that of insufficient space for the preparation and storage of foodstuffs. Advice has been given where new premises are being established and it is frequently found that the kitchens as planned are too small for efficient working. On old premises the area and arrangement of restaurant kitchens presents considerable difficulty and sometimes the only effective remedy is complete rebuilding. The cost of rebuilding is preventing such schemes being carried out in several instances.

Much of the work is educative and is often slow in producing results, but the personal angle of café hygiene is most important and constant effort, on the part of the staff, is necessary to achieve a satisfactory standard.

SUMMARY OF FOODSTUFFS CONDEMNED

	Tons.	Cwt.	Qrs.	Lb.
Fish (excluding Shell Fish)	8	9	3	20½
Shell Fish :				
Crabs	–	3	–	–
Escallops (six dozen only)	–	–	–	–
Lobsters	–	–	2	5
Mussels	2	8	–	16
Oysters	–	–	–	20
Other Shell Fish	–	3	1	4½
Fruit	5	2	3	4
Meat :				
Ministry of Food Central Slaughter-houses (Cattle Market)	226	4	–	24
Private Slaughter-houses	–	12	–	26
Retail Shops, Canteens, etc.	–	7	1	22
Vegetables	20	4	2	14

Poultry, Game, etc.	
Chicken and Fowls	420
Ducks	13
Geese	1
Hares	3
Pigeons	29
Rabbits	1,967

Other Foodstuffs, etc.	
Bacon	1,322¼ lb.
Biscuits	32 lb.
Black Pudding	578 lb.
Butter	99 lb.
Cereals	160½ lb.
Cheese (and Cheese Spread)	533 lb.
Chocolate Spread	3 packets
Coconut (desiccated)	751¼ lb.
Coffee	1 bottle
Cooking Fat	84 lb.
Cordials	6 bottles
Creamy Whip	2 packets
Cucumbers	6
Dessert Mixture	17 packets
Eggs	4 tins

SUMMARY OF FOODSTUFFS CONDEMNED—*continued*

Essences	3 bottles
Faggots	388
Fish	2,559 tins and 65 jars
Fish Paste	1 jar
Flour	59 lb.
Fruit	9,747 tins and 1,050 jars
Honey	5 jars
Jam	35 jars
Jelly	63 packets
Lard	114 lb.
Lemon Curd and Spread	5 jars
Lentils	7 lb.
Malted Milk	1 jar
Margarine	195 lb.
Marmalade	18 jars
Meat	3,988 tins and 79 jars
Meat Extract	3 jars
Meat Paste	3 jars
Meat Pies	55
Milk	1,682 tins
Mincemeat	13 jars
Mustard	1 jar
Oatcakes	35 lb.
Olives	5 jars
Orange Curd	1 jar
Peanut Butter	1 jar
Peel (mixed)	4 lb.
Pickles	49 jars
Poppy Seed	6 lb.
Pork Pies	111
Puddings (Christmas)	1
Pudding Mixture	15 packets
Rice	28¾ lb.
Sago	5¼ lb.
Salad Dressing	482 bottles
Sandwich Spread	19 jars
Sauce	83 bottles
Sauerkraut	112 lb.
Sausage	391½ lb.
Semolina	1 packet
Sponge Cakes	37 packets
Sponge Mixture	1 packet
Sweets and Chocolates	756½ lb.
Swiss Rolls	2,020
Tapioca	32 lb.
Tarts (fancy)	486
Tea Cakes (chocolate)	43
Tomatoes	136 lb.
Vegetables, etc.	5 bottles and 17,415 tins

MILK TRADERS—LICENSING AND REGISTRATION

MILK AND DAIRIES

MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949

and

MILK (SPECIAL DESIGNATIONS) (RAW MILK) REGULATIONS, 1949

APPLICATIONS FOR LICENCES

	No. of applications received
Dealer's (Pasteuriser's) Licence	5
Dealer's (Steriliser's) Licence	1
Dealer's Licence authorising the sale of "Tuberculin Tested" Milk	27
Dealer's Licence authorising the sale of "Accredited" Milk	16
Dealer's Licence authorising the sale of "Sterilised" Milk	248
Dealer's Licence authorising the sale of "Pasteurised" Milk	227
Dealer's Supplementary Licence authorising the sale of "Pasteurised" Milk	2
Dealer's Supplementary Licence authorising the sale of "Tuberculin Tested" Milk	1
Dealer's Supplementary Licence authorising the sale of "Sterilised" Milk	1

No objection was raised to the granting of these licences.

Food and Drugs Act, 1938

NUMBER OF SAMPLES TAKEN FOR CHEMICAL ANALYSIS

1948	1949	1950	1951	1952
943	1,001	1,016	1,233	1,028

Number of Samples taken under Fertilisers and Feeding Stuffs Act, 1926 50

Number of Samples taken under Rag Flock and Other Filling Materials Act, 1951 4

Milk (Special Designations) Order, 1936

NUMBER OF SAMPLES TAKEN FOR BACTERIOLOGICAL EXAMINATION

1948	1949	1950	1951	1952
1,214	1,141	1,334	1,237	1,511

ADMINISTRATIVE ACTION REGARDING SAMPLES NOT REPORTED TO BE 'GENUINE'

(For details of analysis, see Report of the Public Analyst, page 134)

MILK SAMPLES REPORTED 'NOT GENUINE'

	Formal	Informal
Milk	31	3 (1 Private)

SAMPLES OTHER THAN MILK REPORTED 'NOT GENUINE'

	Formal	Informal
Bread	–	2 (private)
Butter Sweets	2	1
Butterscotch (Doncaster)	–	1
Cake	–	2 (private)
Corn Flakes	–	1 (private)
Egg Flip	–	1 (private)
Fruit Squash	–	4 (1 private)
Ice Cream	1	8
Jelly	1	1
Luncheon Meat	–	1
Milk Powder (Skimmed)	–	1
Mint (Dried)	–	2
Molasses (Crude Black)	–	1
Mussels	–	8
Sausage (Beef)	9	–
Sausage (Pork)	17	–
Sago	–	2
Soup (Cream of Tomato)	–	1
Sugar	–	1 (private)
Tapioca	–	1
Vinegar	–	2 (1 private)
Boric Ointment	–	2
Calcium Lactate Tablets	–	1
Calomel Tablets	–	1
Glauber's Salts	–	1
Lime Water	–	1

	Formal	Informal
Liquorice Powder	–	1
Saccharin Tablets	–	1
Seidlitz Powders	–	2
Tincture of Iodine	–	5
Bone Meal	–	2
Dried Blood	–	3
Fertilisers	–	4
Poultry Balancer Meal	–	4
Steam Bone Flour	–	1
Super-phosphate of Lime	–	2 (1 private)
Tomato Feed	–	1

Note : The samples marked "Private" are those which were brought in by members of the public and not procured by the Inspector.

In all cases where proceedings were not taken, written cautions were sent or "follow-up" samples were immediately obtained.

RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951

The above Act came into operation in November, 1951 and its provisions regulate the Registration of premises where certain filling materials which are specified in the Act are used in the manufacture of bedding, toys, baby carriages and other types of upholstery, and also the licensing of premises where rag flock is manufactured or stored for distribution to registered premises.

Registration of Premises

Once registered the premises do not require to be re-registered, but change of occupation must be notified to the Local Authority. Premises which are no longer put to a use necessitating registration may be struck out of the register, but without prejudice to the right to make further application for registration.

Those premises where filling materials specified in this Act are used for making new bedding, toys, baby carriages and other articles of upholstery must be registered by the occupiers.

Where the above articles are remade, or reconditioned, no registration is provided for, consequently, it is not an offence to do so but, where second hand articles are re-upholstered on registered premises a record must be kept for inspection. The only control given under this Act is in respect of the filling materials used or kept on the premises for making up. If these are proved to be unclean the onus is on the occupier

to prove their origin. It will be seen that the sale of second hand articles even if they contain unclean materials is not illegal.

Licensing of Premises

Licences remain in force for a period not exceeding 12 months. The premises to be licensed are those where :

1. Rag Flock only is manufactured.
2. Rag Flock only is stored.

With regard to (1.)—limitations are placed on refusal by the Local Authority to license. These are (a) when necessary appliances are not provided to enable clean rag flock to be manufactured, (b) where the premises are only part of a building.

With regard to (2.)—the only condition when a refusal to license is provided for is if the premises are only part of a building.

Regulations have been passed governing the taking of samples of filling materials from registered and licensed premises. These samples may be taken before or after the making up of articles.

Standards of cleanliness are prescribed for filling materials and samples may be submitted to the Public Analyst for the area if there is no prescribed analyst for that area.

The register of registered premises and lists of licence holders must be kept at the office of the local authority for inspection by any person, these to be available for inspection during the usual hours of business.

Records are to be kept on registered premises showing the source of each consignment, the kind of filling, and the kind of articles despatched from the premises and the name and address of the consignee.

Records are to be kept on licensed premises showing the source of each consignment of rag flock and also the date of despatch, and the name and address of consignee.

The Rag Flock manufactured in Leicester is produced from new waste from hosiery and knitwear factories—the manufacturing firm is able to obtain sufficient new waste there being no rag flock made in the city from old materials. However, some rag flock made from old materials is brought into the city and samples taken of flock made from both old and new waste have been satisfactory on analysis.

The process for the production of rag flock is as follows :
The waste material is washed and cleansed in a machine after which it

is passed to centrifugal driers and follows on to a travelling drier. The washed and dried material is then fed to guillotines for rough cutting up, and afterwards passes to rag pulling machines for large flocks and garretting machines to produce a finer finished article.

VAN DWELLERS

Van dwellers cause considerable nuisances in Leicester and such nuisances have a habit of recurring unless appropriate and drastic action is taken.

Proceedings taken in the Police Court are almost invariably long drawn out and tedious and even after successful action in the Court by a local authority the same offence is often committed on the same piece of land by a newcomer to the district. After a long experience I find that the only effective action is to prevail on the owner of the land used by the van dwellers to enclose it by a suitable unclimbable fence. The fence should be constructed of reinforced concrete posts and strong wire so that trespassers cannot gain access to the land. The law requires amending to make legal proceedings simpler and speedier.

Regarding built up areas I do not consider that the least encouragement should be given to van dwellers to come into a district whatever the condition of the vehicle used. The floor area argument alone is a sufficient one, especially where children are housed in vans, to ban this form of housing.

LEGAL PROCEEDINGS

Acts, Byelaws or Regulations under which proceedings were instituted	Default or Offence	Fines £ s. d.	Costs £ s. d.
Public Health Act, 1936, Section 92	Keeping of pigs in such a state as to be a nuisance	Case dismissed owing to discrepancy. No costs granted	
Public Health Act, 1936, Section 92	Movable dwellings kept on land and giving rise to a nuisance	Case adjourned for 14 days, then for six weeks. Later case dismissed on requirements of notices being complied with. Court fees paid by Defendant's solicitors	
Meat Products and Canned Meat (Control and Maximum Prices) Order, 1938	Pork Sausage. Def. 42.9% Meat	2 0 0	1 1 0
Do. ..	Pork Sausage. Def. 36.2% Meat	10 0 0	2 2 0
Do. ..	Pork Sausage. Def. 18.6% Meat. Vendor	10 0	—
	Assistant	10 0	—
Do. ..	Beef Sausage. Def. 12.2% Meat. 1st count	15 0 0	—
	2nd count ..	10 0 0	5 5 0
Food and Drugs Act, 1938, Section 3	Selling to the prejudice of the purchaser milk not of the quality demanded ..	10 0 0	—
Do. ..	Selling to the prejudice of the purchaser Pork Sausage not of the quality demanded	Defendants acquitted on proof that contravention was not due to their act, but the Company brought into the case by the defendants under Section 83 of the Act were convicted and fined	
		10 0 0	—
Do. ..	Selling to the prejudice of the purchaser Pork Sausage not of the quality demanded ..	5 0 0	—
Public Health Act, 1936, Section 39 (1) (*c*)	Non-compliance with statutory notice to repair drains	2 0 0	—
		Order made for work to be done within 28 days	
Public Health Act, 1936, Section 92	Movable dwellings kept on land and giving rise to a nuisance	Case adjourned for 14 days and later withdrawn on notices being complied with	

Carcases Inspected and Condemned, 1952

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	13,051	7,253	9,420	67,244	42,130
Number inspected	13,051	7,253	9,420	67,244	42,130
All diseases except Tuberculosis—Whole carcases condemned ..	19	56	64	197	77
Carcases of which some part or organ condemned	3,895	1,877	72	2,833	643
Percentage of the number inspected affected with disease other than Tuberculosis	29.99	26.65	1.44	4.50	1.70
Tuberculosis only. Whole carcases condemned	35	165	7	Nil	43
Carcases of which some part or organ condemned	1,471	2,312	Nil	Nil	2,239
Percentage of the number inspected affected with Tuberculosis ..	11.53	34.15	.07	Nil	5.41

TABLE A. Total Weights of Meat Condemned. 1952

	British Meat				Imported Meat				British Offal				Imported Offal				Totals			
Ministry of Food Central	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.
Slaughterhouses	95	8	1	23	0	8	2	14	130	6	3	25	0	0	0	18	226	4	0	24
Private Slaughterhouses	0	6	3	21	0	0	0	0	0	5	1	5	0	0	0	0	0	12	0	26
Totals	95	15	1	16	0	8	2	14	130	12	1	2	0	0	0	18	226	16	1	22

TABLE B. Weight of Carcases, Parts and Offals of Animals affected with Tuberculosis and Other Diseases

	Tuberculosis												Other Diseases												Totals			
	Carcases				Parts				Offals				Carcases				Parts				Offals							
Cattle excluding	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.
Cows ..	8	11	1	3	12	1	0	9	20	5	0	20	3	9	3	16	2	15	2	2	14	1	0	24	61	4	0	18
Cows ..	22	2	3	15	23	5	0	19	56	9	0	17	5	6	0	0	2	12	3	13	15	14	1	16	25	10	1	24
Calves ..	0	4	2	0	0	0	0	0	0	0	1	22	0	15	1	22	0	1	0	21	0	15	3	1	1	17	1	10
Sheep and Lambs ..	0	0	0	0	0	0	0	0	0	0	0	0	3	16	3	6	0	4	2	9	3	10	2	24	7	12	0	11
Pigs ..	0	17	2	4	3	12	0	0	18	14	1	5	4	12	2	17	0	19	0	7	0	15	3	8	29	11	1	13
Totals ..	31	16	0	22	38	18	1	0	95	9	0	8	18	0	3	5	6	13	0	24	34	17	3	17	225	15	1	20

TABLE C. Imported Meat Condemned. 1952

	Carcases	No. of	Parts	No. of	Offals	No. of	Tins	No. of	Totals	
									Weight	Items
	T. C. Qr. lb.		T. C. Qr. lb.		C. Qr. lb.		T. C. Qr. lb.		T. C. Qr. lb.	
Beef	0 0 0 0	0	0 1 0 9	2	0 0 18	4	0 0 0 8	3	0 1 1 7	9
Mutton ..	0 0 1 1	2	0 0 1 1	3	0 0 0	0	0 0 0 0	0	0 0 2 2	5
Pork	0 0 0 0	0	0 0 0 0	0	0 0 0	0	0 6 2 27	61	0 6 2 27	61
Veal	0 0 0 0	0	0 0 0 0	0	0 0 0	0	0 0 0 24	4	0 0 0 24	4
Totals	0 0 1 1	2	0 1 1 10	5	0 0 18	4	0 7 0 3	68	0 8 3 4	79

TABLE D. Number of Carcases, Parts and Offals affected with Tuberculosis and Other Diseases

	Tuberculosis			Other Diseases			Totals
	Carcases	Parts	Offals	Carcases	Parts	Offals	
Cattle excluding Cows ..	35	592	879	19	172	3,723	5,420
Cows	165	1,156	1,156	56	122	1,755	4,410
Calves	7	0	0	64	9	63	143
Sheep and Lambs	0	0	0	197	49	2,784	3,030
Pigs	43	1,319	920	77	133	510	3,002
Totals	250	3,067	2,955	413	485	8,835	16,005

TABLE E. Total Number of Animals Slaughtered, 139,098, comprising : 1952

	Cattle, excluding cows	Cows	Calves	Sheep and Lambs	Pigs	Totals
Ministry of Food Central Slaughterhouses	12,794	6,903	8,199	66,441	40,623	134,960
Private Slaughterhouses ..	4	66	—	287	37	394
Casualties	253	284	1,221	516	1,470	3,744
Totals	13,051	7,253	9,420	67,244	42,130	139,098

TABLE F. Percentage of All Animals affected with Disease, 11.50

Percentage of Animals affected with Tuberculosis and Other Diseases

	Cattle, excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Tuberculosis	11.53	34.15	.07	Nil	5.41
Other Diseases	29.99	26.65	1.44	4.50	1.70

TABLE G. Percentage of Whole Carcases rejected

	Cattle, excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Tuberculosis	.26	2.27	.07	Nil	.10
Other Diseases	.14	.77	.67	.29	.18

TABLE H. Tabulated List of other defined Diseases and their incidence in Carcases rejected : 1952

Disease	Cattle, excluding cows	Cows	Calves	Sheep and Lambs	Pigs	Total
Abscesses	–	–	–	3	1	4
Actinomycosis ..	–	1	–	–	–	1
Asphyxiation ..	–	–	–	1	1	2
Black Quarter ..	1	–	–	–	–	1
Bruised	–	–	–	1	–	1
Contamination ..	–	–	1	–	–	1
Dead Animals ..	–	–	–	4	4	8
Dropsy	2	5	–	19	3	29
Decomposition ..	–	–	–	3	1	4
Emaciation	1	4	–	48	10	63
Enteritis	–	–	2	–	–	2
Fevered	–	5	4	22	21	52
Gangrene	1	–	1	3	3	8
Injured	–	–	2	2	–	4
Immature	–	–	26	–	–	26
Ill Bled	–	–	1	2	–	3
Johnes	6	17	–	1	–	24
Leucaemia	–	–	–	1	–	1
Moribund	1	–	6	19	3	29
Nephritis	–	1	1	–	1	3
Oedema	3	10	10	34	6	63
Pneumonia	–	–	–	1	1	2
Pyaemia	–	1	4	1	3	9
Peritonitis	–	1	1	1	3	6
Pericarditis	1	–	–	–	1	2
Septic Conditions ..	–	2	–	–	–	2
Septicaemia ..	3	4	3	11	1	22
Septic Pneumonia ..	–	–	1	10	2	13
Septic Mastitis ..	–	1	–	6	–	7
Septic Metritis ..	–	1	–	4	2	7
Septic Pericarditis ..	–	2	–	–	–	2
Septic Enteritis ..	–	–	1	–	–	1
Tumours	–	–	–	–	3	3
Uraemia	–	1	–	–	7	8
Totals	19	56	64	197	77	413

OBSERVATIONS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1937

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (inspections made by Sanitary Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections and Re-Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	101	29	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,089	593	38	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers' premises)	—	1	1	—
Total	2,190	†623	43	—

(†Includes 97 visits to Bakehouses)

**i.e.*, Electrical Stations (Section 103(1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

2.—Cases in which DEFECTS were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	4	3	–	2	–
Overcrowding (S.2)	–	–	–	–	–
Unreasonable temperature (S.3)	–	–	–	–	–
Inadequate ventilation (S.4)	–	–	–	–	–
Ineffective drainage of floors (S.6)	–	–	–	–	–
Sanitary Conveniences (S.7):					
(*a*) insufficient	11	10	–	5	–
(*b*) unsuitable or defective	34	75	–	46	–
(*c*) not separate for sexes	1	2	–	1	–
Other offences against the Act (not including offences relating to Outwork)	1	–	–	–	–
Total	51	*90	–	54	–

(*Includes 59 from previous years)

PART VIII OF THE ACT

OUTWORK (Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of outworkers in August list required by Sect. 110 (1) (*c*)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, Making, etc.	474	–	–	–	–	–
Curtains and Furniture Hangings	1	–	–	–	–	–
Total	475	–	–	–	–	–

F. G. McHUGH, F.R.San.I., F.S.I.A., *Chief Sanitary Inspector*

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